COMMONWEALTH OF AUSTRALIA

DEPARTMENT OF HEALTH

PHARMACEUTICAL BENEFITS

PHARMACEUTICAL BENEFITS

Explanatory Circular regarding August, 1965 issue of the Schedule of Benefits for Medical Practitioners

This issue is a complete reprint of the Schedule of Benefits and Proprietary Index and will take effect from 1st August, 1965.

Appended is a summary of the changes in this issue.

A surgical cement solvent has been added for colostomy and ileostomy use.

EXPLANATORY NOTES

Paragraph 10 (*a*) has been amended.
A new paragraph 10 (*f*) has been added concerning priority of formula.

ALTERED PRESENTATIONS

The 3G pack of Framycetin Sulphate eye ointment is now a 3.5G pack.
Nitrofurantoin Paediatric Suspension is now a 200 ml. pack.
The 50 mg. capsule of Triamterene (H) has been replaced by a 100 mg. tablet.

ALTERED REPEATS

Six (6) repeats have been allowed for Prednisolone Trimethylacetate eye drops.

DRUGS—SECTION 4

Deletions

Cream—Cetrimide Aqueous A.P.F. 55
Zinc Oily A.P.F. 55
Dusting Powder—Kaolin Compound A.P.F.
Inhalation—Benzoin
Liniment—Ammonia B.P.C. 49
Syrup—Lemon Neutral A.P.F. 55
Red A.P.F. 55
Xylene B.P.C. 49

Additions

Amaranth B.P.C. 54
Glyco Gelatin Base A.P.F.
Hydroxybenzoate Methyl
Hydroxybenzoate Propyl
Mucilage Acacia A.P.F.
Paint—Magenta.

NOT FOR SALE

All Previous Editions Cancelled

COMMONWEALTH OF AUSTRALIA

SCHEDULE OF BENEFITS
for
MEDICAL PRACTITIONERS

OPERATIVE FROM 1ST AUGUST, 1965

Department of Health,
CANBERRA A.C.T.

AUGUST, 1965

465

CONTENTS.

SECTION 1—EXPLANATORY NOTES

PRESCRIBING OF BENEFITS—PROCEDURE BY DOCTORS

1. All pharmaceutical benefits are listed in this book.

2. Ready prepared items and Prescribers' List items are listed in the Schedule of Benefits, Sections 2 and 3.

3. The drug tariff comprising all benefit items and additives which may be used in extemporaneous preparations is listed in Section 4—(Green pages). Any restriction which applies to the use of a drug listed in this section is indicated against the item.

4. The following admixtures are not pharmaceutical benefits:

(*a*) the admixture of two or more ready prepared items listed in the Schedule of Benefits; or
(*b*) the admixture of a ready prepared item and a drug or drugs listed in the Drug Tariff—Section 4.

5. The Schedule of ready prepared items includes the form, manner of administration and brand in which these items may be prescribed. Where the words "solvent required" are included after the form, the item and a solvent may be prescribed as one benefit. In such cases, any determined brand of solvent may be ordered with the item. For clarity, such benefits should be written as one prescription, e.g., "Penicillin Benzyl, Injection 500,000 Unit amp. with 2 ml. water for injection".

6. The schedule also shows the maximum quantity and the number of repeats. Further details may be found in these notes—paragraphs 14-19.

7. The Proprietary Index is available in a separate booklet which is issued to all medical practitioners and approved chemists.

8. Symbols used in the Schedule of Benefits.

(*a*) An asterisk (*) against the price of a benefit indicates that the manufacturer's pack does not coincide with the maximum quantity.
(*b*) A dagger (†) in front of the form of an item and in the price column, indicates a packed line which is to be supplied under the original label when prescribed except where the prescription bears specific instructions for use, then the item is to be labelled.

(*c*) A double dagger (‡) in the maximum quantity column indicates an item for which the maximum quantity has been specially determined to correspond to the manufacturer's pack and this quantity in an unbroken pack will be supplied.

(*d*) A section sign (§) against the price of eye or ear drops indicates that the product is not preconstituted and that a special professional fee of 5*s*. 6*d*. is included in the dispensed price.

(*e*) Where a STATE is indicated after a manufacturer's code, that brand may be available only in the state indicated.

N.S.W. .... (N); VIC. .... (V); S.A. .... (S); W.A. .... (W); Q'LD .... (Q); TAS. .... (T).

Prescriptions.

9. A prescription may be written for any person who is receiving medical treatment. A prescription is valid only when it is written by a registered medical practitioner.

10. Medical practitioners are requested to observe the following rules when writing prescriptions as pharmaceutical benefits—

CARE MUST BE TAKEN THAT THE PROVISIONS OF STATE LAW ARE DULY COMPLIED WITH, PARTICULARLY WITH REGARD TO PRESCRIBING OF DRUGS LISTED AS NARCOTIC, SPECIFIED OR RESTRICTED UNDER STATE LEGISLATION.

(*a*) Write the prescription in some indelible form (ink or ball point pen) in his own handwriting (or with the approval of the Director-General otherwise records the prescription) either on the standard prescription form obtained from the printer nominated by the Department or on paper as near as convenient to 6″ x 4″. The name and address of the medical practitioner should be shown;

(*b*) Write the prescription in duplicate marking the duplicate with the word "Duplicate" (this is pre-printed on the standard prescription forms);

(*c*) Set out the name and address of the patient, and, where the patient is a pensioner who holds an entitlement card, write the pension number. (Please note that the pension number is required and not the entitlement card number). It is not necessary to write the pensioner's address on the prescription form, except where the provisions of State law regarding narcotic, specified or restricted drugs require the address to be written.

(*d*) In the case of pharmaceutical benefits which are restricted in use, endorse the prescriptions with the words "specified purpose". Abbreviations such as "Spec. Purp." or "S.P." will be accepted. Where a prescription is written for a pensioner for a drug which, although

restricted, is not restricted as to disease for a pensioner, the Pension Number is sufficient identification and it is not necessary to endorse the prescription "specified purpose".

(*e*) If the benefit is a single drug, indicate the manner of administration;

(*f*) Where a medical practitioner writes a prescription as a pharmaceutical benefit, but does not specify a particular formula or brand for the item prescribed, the chemist when dispensing shall give priority to either the formula (if any) for that item specified in the Prescribers' List or to one of the ready prepared brands (if any) for that item included in the Schedule of Benefits.

(*g*) When directing the supply, on the one occasion, of the maximum quantity and repeats of a pharmaceutical benefit, endorse the prescription in his own handwriting with the words "Regulation 24". (See also paragraph 19.)

(*h*) Mark the prescription "N.H.S.", date and sign it.

No objection will be raised to doctors writing more than one but no more than three prescriptions on a single sheet of paper provided each prescription is legible.

Prescribers' List formulations are now expressed in metric terms and made up to metric doses or quantities. Prescriptions consisting of or containing a Prescribers' List formula should therefore be written in the metric system.

Prescriptions for pharmaceutical benefits for more than one person should not be written on the one sheet of paper.

11. A prescription is not valid if the form—

(*a*) prescribes a pharmaceutical benefit for a person in respect of whom another prescription for the same benefit has been written on the same day by the same medical practitioner;

(*b*) prescribes on the one form a benefit that is a dangerous drug and another benefit and directs that the supply of either benefit is to be repeated. (If no repeats of either item are ordered, the prescription may be accepted);

(*c*) prescribes a narcotic drug for the medical practitioner writing the prescription.

Unless unduly inconvenient to the doctor, it would be appreciated if doctors could follow the practice of not writing prescriptions for benefit items on the same form as non-benefit items. This practice does not invalidate the prescription and if a prescription form contains both pharmaceutical benefit items and non-pharmaceutical benefit items, it may be accepted by the chemist. However, to avoid confusion to patients in such cases, the doctor should identify the non-benefit item. e.g., by an endorsement such as "non-benefit item", or "private prescription" or similar wording.

A particular application of these circumstances is where one prescription is for a "Specified Purpose" drug and the doctor has omitted to write "Specified Purpose" (or acceptable abbreviation), e.g., because the patient is not suffering from one of the allowable conditions. In such a case, identification on the item as a non-benefit will clearly indicate the doctor's intentions to both the patient and the chemist, and save inconvenience to all concerned.

Restrictions.

12. Certain pharmaceutical benefits may only be prescribed for a particular class of person, for a specified purpose, disease or condition, or with the written authority of the Commonwealth Director of Health. Full particulars of these items and the restrictions are listed as a separate section of the Schedule under "Restricted Benefit Section". Items restricted for use in "Approved Hospitals Only" are listed as a separate section in the "Restricted Benefit Section" of the Schedule. These items are not available in all approved hospitals and medical practitioners should ensure that the items are available at the particular hospital before prescribing. Items restricted to use for Ileostomy and Colostomy conditions are also listed as a separate section in the "Restricted Benefit Section." A reference to all other items listed in the "Restricted Benefit Section" is given in the Schedule of Benefits—Section 2. Where a particular manner of administration is indicated in the Schedule, no other manner of administration may be directed in a prescription for that benefit. It is not necessary for the particular restriction to be identified on the prescription.

Certificates for prescribing Tranquillising or Anti-Depressant Drugs

13. Special arrangements apply in respect of the prescribing of certain tranquillising or anti-depressant drugs. Under these arrangements certificates for prescribing tranquillising or anti-depressant drugs are issued by approved hospitals in respect of patients who have been discharged after treatment (either as in-patients or out-patients) for mental disorders and who require continued treatment with these particular drugs.

The certificate is forwarded to the patient's medical practitioner.

On receipt of a certificate the medical practitioner may prescribe the particular drug as a pharmaceutical benefit for the patient provided the certificate number is endorsed on the prescription together with the words "specified purpose" (or suitable abbreviation).

Certificates are current for six months from date of issue and during that time should be retained by the medical practitioner as a continuing authority to prescribe. It is not necessary to attach the certificate to the prescription.

Maximum Quantities and Repeats

14. The maximum quantity and number of repeats allowable are shown in columns 3 and 4 of the Schedule of Benefits. For other preparations, details are set out in the Tables of Maximum Quantities and Repeats—Green pages.

The maximum quantity of items marked with a double dagger (‡) has been determined as a single pack and as explained in paragraph 8 unbroken packs are supplied. It would therefore assist if these items are prescribed in original pack sizes.

For other items it is not necessary to prescribe the maximum quantity, either for the original or a repeat supply, if the medical practitioner considers a lesser quantity is sufficient for the patient's needs.

If a medical practitioner requires a prescription to be repeated, he should show the quantity to be supplied and the number of repeats. It is not necessary for the maximum quantity to be ordered before the supply can be repeated. Repeats may be for any quantity up to the maximum, irrespective of whether the original supply is for an equal, greater or lesser quantity.

15. The relevant maximum quantity and number of repeats are not to be exceeded, unless the prescription is accompanied by a written authority (see paragraphs 16-17). A benefit shall not be supplied a number of times greater than the number specified in the prescription.

16. Where a person is suffering from a chronic complaint a medical practitioner may, with the written authority of the Commonwealth Director of Health, direct the supply of a quantity of a pharmaceutical benefit greater than the maximum quantity which would otherwise be allowed.

17. In circumstances where it is desirable that the patient be not obliged to re-visit his doctor in order to secure repeat supplies, the doctor may, with the written authority of the Commonwealth Director of Health, direct that the supply of a pharmaceutical benefit be repeated more times than the number of repeats specified in the Schedule.

18.—(*a*) The written authority of the Commonwealth Director of Health to prescribe:

(i) restricted drugs (paragraph 12); or
(ii) increased maximum quantities (paragraph 16); or
(iii) increased number of repeats (paragraph 17),

will be forwarded to the doctor on an Authority to Prescribe (Form PB15);

(*b*) Where authority is given to prescribe:

(i) repeat supplies of restricted drugs; or
(ii) repeat supplies of increased maximum quantities; or

(iii) for the supply of a pharmaceutical benefit to be repeated more times than the number of repeats specified in the Schedule;

an Authority to Repeat (Form PB15a—pink) for each repeat authorised will also be forwarded with the Form PB15.

(*e*) On receipt, the doctor will write the prescription on the original (white) Form PB15 in the space provided for this purpose. The doctor will retain the duplicate (yellow) copy as his record, and hand all other copies including the original (white) copy to the patient. Each copy entitles the patient to a supply of the benefit prescribed.

Note.—In VICTORIA and TASMANIA it has not been practicable at this stage to implement this procedure fully. In these States the doctor will attach the original of the authority form to a prescription written in duplicate in accordance with paragraph 10. Doctors in these States have been advised of this variation to the general procedure and authority forms are being endorsed to this effect at the time of issue.

19. Generally, a pharmaceutical benefit may not be supplied to the same person more than once on any one day. However, a doctor may direct that the original supply and repeat supplies of a benefit ordered in a prescription be supplied at the one time, provided he is satisfied that—

(*a*) the maximum quantity specified for the benefit prescribed is insufficient for the medical treatment of the person for whom the prescription is written;

(*b*) that person is suffering from a chronic illness or is a resident in a place remote from the nearest approved pharmaceutical chemist; and

(*c*) that person, without great hardship, could not obtain the pharmaceutical benefit on separate occasions.

In these cases, the doctor must endorse the prescription " Regulation 24 ", as certification that the above conditions have been satisfied.

Urgent Cases

20. A pharmaceutical benefit may be supplied by a chemist before the prescription for that benefit has been surrendered to him, where, in cases of urgency, the doctor communicates the prescription to the chemist by telephone or other means. *In such cases the doctor must reduce the prescription to writing, and forward it to the chemist who made the supply within* 24 *hours of such communication.* This provision does not apply to prescriptions for supply by chemists where the law of the State in which that chemist's premises are situated requires the prescription to be in writing.

21. The provision for communication of prescriptions in urgent cases applies also to those drugs for which the written authority of the Commonwealth Director of Health is necessary for supply as a pharmaceutical benefit (see paragraph 12). In such cases, the doctor must first obtain advice from the Commonwealth

Director of Health in the particular State, by telephone or other means, that the authority will be issued, and notify the chemist accordingly when communicating the prescription. *The doctor must subsequently obtain the written authority and forward it, within 24 hours of its receipt, to the chemist who supplied the benefit.*

Emergency Drug (Doctor's Bag) Supplies

22. Doctors are entitled to obtain certain pharmaceutical benefits for emergency use. These emergency supplies are not available to ship's doctors. The patient is not required to make any payment when benefits are made available to him from these supplies.

23. Supplies of these drugs may be obtained from an approved chemist upon the production of an official doctor's bag order form, in duplicate, signed by the doctor personally. Each order form is valid only during the month printed thereon and each doctor may obtain the benefits not more than once per month. If the signature appearing on a doctor's bag order form is that of a doctor unknown to the chemist the latter is required to obtain, from the person presenting the order, particulars of the full name and address and medical registration number of the doctor, and endorse these particulars on the back of the original copy of the order form.

24. The maximum number of units of each listed form of emergency drug may be obtained at the one time, but only if the quantity of the drug that the doctor has on hand is less than that maximum quantity, e.g., if the doctor had 100 or more sulphonamide tablets on hand as portion of his Emergency Drug (Doctor's Bag) Supplies further quantities of the drug could not be obtained until that number fell below 100. Further, if more than one strength of a listed form of emergency drug (other than sulphonamides), e.g., different strengths of ampoule, tablet or bottle, is specified in the Schedule of Benefits, the doctor may obtain all or any of those strengths, provided that the number of units required of each strength is the number in a listed manufacturer's pack, and that the sum total of all the strengths ordered does not exceed the allowable maximum quantity, e.g., if there were five strengths of a tablet, each packed in bottles of 20, and the maximum allowable were 40, then not more than two strengths could be ordered. In the case of sulphonamides and tetanus toxoid, a doctor may order in any one month only one of the sulpha drugs and only one of the tetanus toxoid injections specified in the emergency drug list.

25. A doctor may also specify on the order form a particular brand of a benefit. If it is not available, the doctor should be requested to specify in the order a permitted brand which is available, and to initial the alteration. A receipt for the supply of benefits under this provision must be given on the order form. The receipt may be signed by the doctor himself or by any person authorized by him.

ADDRESSES OF COMMONWEALTH DEPARTMENT OF HEALTH STATE OFFICES

NEW SOUTH WALES

Department of Health,
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Elizabeth Street,
Sydney, N.S.W. Telephone 28 8001

Commonwealth Director of Health—Dr. L. J. Wienholt
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Assistant Director (Medical)—Dr. B. E. Welton
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Department of Health,
Commonwealth Centre,
Corner Spring and Latrobe Streets,
Melbourne, C.1., Vic.
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Commonwealth Director of Health—
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Department of Health,
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Anzac Square,
Adelaide Street,
Brisbane, Q'ld, Telephone 31 0101

Commonwealth Director of Health—
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SOUTH AUSTRALIA

Department of Health,
C.M.L. Building,
41 King William Street,
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Department of Health,
473 Wellington Street,
Perth, W. Aust. Telephone 21 8211

Commonwealth Director of Health—Dr. A. Johnson
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TASMANIA

Department of Health,
Stowell Avenue,
Hobart, Tas. Telephone 2 2661

Commonwealth Director of Health—
Dr. W. F. H. Crick
After hours: Telephone 2 3232

NORTHERN TERRITORY

Department of Health,
Esplanade,
Darwin, N.T. Telephone 3821

Commonwealth Director of Health—
Dr. W. A. Langsford
After hours: Telephone 2571

MANUFACTURERS — ADDRESS AND CODE

Manufacturer	*Code*
Abbott Laboratories Pty. Ltd. .. .. .. Captain Cook Drive, Kurnell, N.S.W.	AB
Ames Company .. .. 65 Queens Road, Melbourne, S.C.2, Vic	AM
Andrews Laboratories Pty. Ltd. .. .. .. 12 Primrose Avenue, Rosebery, N.S.W.	AN
Armour Pharmaceutical Co. Ltd. .. .. .. England	AR
Associated Drug Companies of Australia Pty. Ltd. .. 589-605 Collins Street, Melbourne, C.1, Vic.	AD
Astra Pharmaceuticals (Australia) Pty. Ltd. .. .. Evans Road, Rocklea, Queensland	AP
Ayerst Laboratories Pty. Ltd. .. .. Gregory Place, Parramatta, N.S.W.	AY
Bakra Laboratories .. .. 45 A'Beckett Street, Melbourne, Vic.	BK
Baxter-D.H.A. Laboratories Pty. Ltd. .. .. Rothschild Avenue, Rosebery, N.S.W.	BX
Bayer Pharma Pty. Ltd... .. .. 56 Young Street, Sydney, N.S.W.	BA
Beecham Research Pty. Ltd. .. .. Chesterville Road, Moorabbin, Vic	BR
Bellphar, Ltd., Co. Switzerland	BV
Boehringer Ingelheim Pty. Ltd. .. .. .. 504-520 Pacific Highway St. Leonards, N.S.W.	BY
Boots Pure Drug Co. (Aust.) Pty. Ltd. .. .. 376 Eastern Valley Way, Roseville, N.S.W.	BT
Bristol Laboratories Pty. Ltd. .. .. 24 Brach Street, Brookvale, N.S.W.	BC
British Drug Houses (Australia) Pty. Ltd. .. .. 250 Pitt Street, Sydney, N.S.W.	BD
British Pharmaceuticals Pty. Ltd. .. .. .. 8-12 Bathurst Street, Sydney, N.S.W.	BP
British Schering Ltd. .. .. North Shore Medical Centre, St. Leonards, Sydney, N.S.W.	BS
Bull Laboratory, David G. .. .. 19 Shierlaw Avenue, Canterbury, E.7, Vic.	BL
Burroughs Wellcome & Co. (Aust.) Ltd. .. .. Cressy Street, Rosebery, Sydney, N.S.W.	BW
Calmic (Aust.) Pty. Ltd. .. .. Bibby Street, Chiswick, N.S.W.	CA
Cascade Chemicals .. .. P.O. Box 48, Balaclava, Victoria	CM
C.F.C. Pharmaceuticals Pty. Ltd. .. .. .. 8 Norton Street, Ashfield, N.S.W.	CO
Chemos Pty. Ltd. .. .. 65 Park Road, Milton, W.2, Brisbane, Q'ld.	CH
Ciba Limited .. .. Orion Road, Lane Cove, N.S.W.	CB
Commonwealth Serum Laboratories .. .. .. Poplar Street, Parkville, Vic.	CS
Cophar, Gnosca .. .. Switzerland	CW

Manufacturer	*Code*
Crookes Laboratories Ltd., The 376 Eastern Valley Way, Roseville, N.S.W.	CK
Cutter Laboratories, U.S.A.	CI
Denyer Brothers 250 Pitt Street, Sydney, N.S.W.	DY
Difrex (Aust.) Laboratories 321 Pitt Street, Sydney, N.S.W.	DF
Dista Products (Australia) Pty. Ltd. Campbell Street, Artarmon, N.S.W.	DL
Drug Houses of Australia Ltd. 504 Bourke Street, Melbourne, Vic.	DH
Endo Laboratories, Inc. U.S.A.	EN
Erba Carlo S.p.A., Italy	EC
Ethicals Ltd. 180 Queen Street, Brisbane, Q'ld.	EL
Evans Medical Australia (Pty.) Ltd. 214 Graham Street, Port Melbourne, Vic.	EV
Farbenfabriken Bayer, A.G. West Germany	FB
Farmer Hill Pty. Ltd. 187 William Street, Sydney, N.S.W.	FH
Faulding & Co. Ltd., F. H. James Place, Adelaide, S.A.	FA
Fawns and McAllan Pty. Ltd. 432 Mount Dandenong Road, Croydon, Vic.	FM
Fisons Australia Pty. Ltd. A.D.C. House, 75-91 Pacific Highway, North Sydney, N.S.W.	FC
Gamaprod Pty. Ltd. 169 Lygon Street, Carlton, Vic.	GA
Geigy (Australasia) Pty. Ltd. A.D.C. House, 77 Pacific Highway, North Sydney, N.S.W.	GE
Genatosan Ltd., England	GN
G. P. Laboratories 74-76 Mitchell Road, Alexandria, Sydney, N.S.W.	GP
Glaxo-Allenburys (Australia) Pty. Ltd. 23-47 Villiers Street, North Melbourne, Vic.	GL
Griffiths Hughes, E., Pty. Ltd. Buffalo Road, Gladesville, N.S.W.	GH
Hamilton Laboratories Pty. Ltd., 217 Flinders Street, Adelaide, S.A.	HA
Harvey Pty. Ltd., H. F., 231 Elizabeth Street, Croydon, N.S.W.	HY
Hoechst Pharmaceuticals Pty. Ltd. 4 Derby Street, Collingwood, N.5, Vic.	HP
Ioquin Company, The Captain Cook Drive, Kurnell, N.S.W.	IQ
Imperial Chemical Indust. of Aust. & N.Z. Ltd. I.C.I. House, 1 Nicholson Street, Melbourne, C.2, Vic.	IC
Jaede, H. W., Manufacturing Pty. Ltd. 21-31 Gold Street, Collingwood, Vic.	JA

Manufacturer	*Code*
Knoll Laboratories (Aust.) Pty. Ltd. .. .. .. 176 Princes Highway, Arncliffe, N.S.W.	KL
Knoll, A. G., Germany	KN
Lane Medicine Co. Pty. Ltd. .. .. 156 Barkly Avenue, Burnley, Vic.	LM
Langley Laboratories Pty. Ltd. .. .. .. 141 Blues Point Road, North Sydney	LF
Lederle Laboratories Division .. .. Cyanamid-D.H.A. Pty. Ltd. 73-79 Parramatta Road, Camperdown, N.S.W.	LE
Leo Pharmaceutical Products .. .. Denmark	LP
Lepetit (Pharmaceuticals) Pty. Ltd. .. .. .. 65 Queen's Road, Melbourne, Vic.	LT
Lilly (Australia) Pty. Ltd., Eli .. .. .. Wharf Road, Ermington, N.S.W.	LY
Madland Laboratories, Inc. U.S.A.	MH
Maw Son & Sons, S. .. .. England	ME
May and Baker (Aust.) Pty. Ltd. .. .. .. Paramount Road, West Footscray, W.12, Vic.	MB
McGloin Pty. Ltd., J. .. .. 36 Hutchinson Street, Surry Hills, N.S.W.	MG
Mead Johnson Pty. Ltd. .. .. Caringbah, N.S.W.	MJ
Medical Research Pty. Ltd. .. .. Sirius Road, Lane Cove, N.S.W.	MR

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Merck, Sharp & Dohme (Aust.) Pty .. 62-68 Ferndell Street, South Granville, N.S.W.	MK
Merrell, Wm. S. Company .. .. Richardson-Merrell Pty. Ltd. M.L.C. Building, Miller Street, North Sydney, N.S.W.	ML
Muir & Neil Pty Ltd. .. .. 479 Kent Street, Sydney, N.S.W.	MN
Nativelle Laboratories .. .. France	NA
Nicholas Pty. Ltd. .. .. 699 Warrigal Road, Chadstone, S.E. 10, Vic.	NS
Noel Bramble Laboratories .. .. 324 King George's Road, Beverly Hills, N.S.W.	NB
Nyal Company .. .. 75-89 Atkins Road, Ermington, N.S.W.	NY
Oppenheimer, Son & Co. Ltd. .. .. London	OP
Organon Laboratories Ltd. .. .. London	OR
Ortho Pharmaceutical Co. .. .. 6th Floor, 26 Ridge Street, North Sydney, N.S.W.	OO
Parke Davis and Co. Ltd. .. .. 32-40 Cawarra Road North, Caringbah, N.S.W.	PD

Manufacturer	*Code*
Pfizer Pty. Ltd. .. .. Wharf Road, West Ryde, N.S.W.	PF
Pharmedica Pty. Ltd. .. .. 602-612 Botany Road, Alexandria, N.S.W.	PH
Prosana Laboratories .. .. 22 Daisy Street, Revesby, N.S.W.	PR
Pro-Vita Products Pty. Ltd. .. .. Lennon Street, South Kensington, Vic.	PV
Protea Pharmaceuticals Pty. Ltd. .. .. .. 13–19 Glebe Street, Glebe, N S.W.	PT
Queensland Ethicals .. .. Evans Road, Rocklea East, Brisbane, Q'ld.	QE
Reckitts Pty. Ltd. .. .. 44 Wharf Road, West Ryde, N.S.W.	RC
Richards Laboratory Pty. Ltd. .. .. .. Kings Road, Castle Hill, N.S.W.	RD
Richter of Milan	RM
Riker Laboratories Australia Pty. Ltd .. .. 68 Alexander Street, Crow's Nest, N.S.W.	RK
Roche Products Ltd. .. .. 1 Barrack Street, Sydney, N.S.W.	RO
Rocke Tompsitt & Co. Ltd. .. .. 10 Griffiths Street, Richmond, Vic.	RT
Rona Laboratories Ltd. .. .. London, U.K.	RN
Rotary Tableting Corp. Pty. Ltd. .. .. .. 432 Mt. Dandenong Road, Croydon, Vic.	RY
Roussel Pharmaceuticals Pty. Ltd. .. .. .. 403 Pacific Highway, Artarmon, N.S.W.	RL
Salmond and Spraggon (Aust.) Pty. Ltd. .. .. 104–108 Mount Street, North Sydney, N.S.W.	SS
Sandoz Ltd. .. .. 620 Harris Street, Ultimo, N.S.W.	SZ
Schering Corporation, U.S.A.	SH
Schering, A. G., Berlin	SC
Searle & Co. Ltd., G. D. .. .. England	SR
Sera Pty. Ltd. .. .. 29 Hotham Parade, Artarmon, N.S.W.	SE
Sigma Co. Ltd. .. .. 589-605 Collins Street, Melbourne, C.1, Vic.	SI
Soul Pattinson (Laboratories) Pty. Ltd. .. .. 158 Pitt Street, Sydney, N.S.W.	SL
Smith, Kline & French Laboratories (Aust.) Ltd. .. Warringah Road, French's Forest, N.S.W.	SK
Squibb & Sons, E.R., (Pty.) Ltd. .. .. .. 126 Franklin Street, Melbourne, Vic.	SQ
Stansen & Co. Pty. Ltd., A. E. .. .. 500 Spencer Street, West Melbourne, C.3, Vic.	ST
St. Just Laboratories Ltd. .. .. 7 Ferguson Street, Maylands, W.A.	SJ

Manufacturer	*Code*
Thilo, and Co. .. .. West Germany	TH
Toppin & Sons Pty. Ltd., R. D. .. .. .. 22 Duffy Avenue, Thornleigh, N.S.W.	TO
Trane Pharmacal Co. .. .. 98 Collins Street, Melbourne, C.1, Vic.	TR
Trufood Ltd. .. .. England	TF
Upjohn Pty. Ltd. .. .. 55-73 Kirby Street, Rydalmere, N.S.W.	UP
Virax Ethicals Ltd. .. .. 77-79 Market Street, South Melbourne, Vic.	VR
Vitamins Limited .. .. England	VM
Wander Limited, A., England	WA
Ward Blenkinsop and Co. Ltd. .. .. London, U.K.	WB
Warner & Co. Pty. Ltd., Wm. R. .. .. .. 10-28 Biloela Street, Villawood, N.S.W.	WW
Weddel Pharmaceuticals .. .. England	WP
Wholesale Drug Co. Ltd. .. .. 221-229 Mitchell Road, St. Peters, N.S.W.	WD
Winthrop Laboratories .. .. 75-89 Atkins Road, Ermington, N.S.W.	WL
Woods, H. W. Pty. Ltd. .. .. 10 Clifford Street, Huntingdale, Vic.	WH
Wyeth Pharmaceuticals Pty. Ltd. .. .. .. Gregory Place, Parramatta, N.S.W.	WY
Young and Fennell Pty. Ltd. .. .. 107 Kent Street, Sydney, N.S.W.	YF

EMERGENCY DRUG (DOCTOR'S BAG) SUPPLIES

Column 1 Item	Column 2 Form	Col. 3 Max. Qty.
Adrenaline Mucate	Injection	5
Adrenaline Acid Tartrate	Injection, B.P. 1–1,000, 1 ml.	5
	1–1,000,10 ml.	1
Digoxin	Injection	10
	Tablet	100
Heparin	Injection	1
Hydrocortisone Sodium Succinate..	Injection	2
Mephentermine	Injection	1
Morphine Sulphate	Injection, 1 ml	5
	Hypodermic Tablet	40
Morphine with Atropine	Injection, 1 ml	5
	Hypodermic Tablet	40
Oxytocin	Injection	10

Column 1 Item	Column 2 Form	Col. 3 Max. Qty.
Penicillin, Procaine, (Aqueous Suspension)	Injection	10
Pethidine	Injection 50 mg. in 1ml.	5
	50 mg./ml. 2ml.	5
Sulphadiazine .. .. or Sulphadimidine .. .. or Sulphonamides, Three Mixed	Tablet	100
Sulphadimethoxine .. .. or Sulphamethoxydiazine .. or Sulphamethoxypyridazine	Tablet	12
Tetanus Antitoxin, 1,500 Units, 15 Units, Diluted 1–50	Injection—set	6
Tetanus Toxoid, (Formalinised) or Tetanus Toxoid, (Purified Aluminium Phosphate Adsorbed)	Injection 0.5 ml.	6

Special attention is drawn to the fact that only one Sulpha drug and only one of the Tetanus Toxoid injections may be ordered in any one month.

No professional fee is payable for the above items when supplied on presentation of a Doctor's Bag Order Form.

METRIC CONVERSION TABLE

Conversion Table

The following Table gives the approximate equivalents in the metric and imperial systems. These equivalents are for the convenience of prescribers in translating doses from one system to the other, and are not sufficiently accurate for pharmaceutical or other purposes.

Grains	*Milligrams*
15	1,000
12	800
10	600
8	500
7½	450
6	400
5	300
4	250
3	200
2½	150
2	125
1½	100
1¼	75
1	60
3/4	50
3/5	40
1/2	30
2/5	25
1/3	20
1/4	15
1/5	12.5
1/6	10
1/8	7.5

Grains	*Milligrams*
1/10	6
1/12	5
1/15	4
1/20	3
1/24, 1/25	2.5
1/30	2
1/40	1.5
1/50	1.25
1/60	1
1/75, 1/80	0.8
1/100	0.6
1/120, 1/130	0.5
1/150, 1/160	0.4
1/200	0.3
1/240	0.25
1/300, 1/320	0.2
1/400	0.15
1/480, 1/500	0.125
1/600	0.1

Code No.	Approved Name, Manner of Administration, and Form	Max. Qty.	No. of Rpts.	Dispensed Price for Max. Qty.	Manufacturer
	ACETARSOL				
1002	Oral Tablet 250 mg.	25	2	*0 9 3	MB
1003	Compound Pessary 250 mg.	25	1	0 8 8	MB
	ACETAZOLAMIDE				
2376	Oral Capsule 500 mg. (sustained release)	50	2	5 9 8	LE
1004	Oral Tablet 250 mg.	50	4	2 15 0	LE
1005	Injection 500 mg.	1	..	1 13 7	LE
	ACETOHEXAMIDE				
1006	Oral Tablet 500 mg.	100	2	2 3 0	LY
	ACETYLSALICYLIC ACID				
7496	Mixture P.L.	200 ml.	4	0 8 3	Extemp.
7511	Mixture for Children P.L.	100 ml.	4	0 7 5	Extemp.
	Tablets - See Restricted Benefits.				
	ACETYLSALICYLIC ACID COMPOUND				
	See Restricted Benefits.				
	ACETYLSALICYLIC ACID and PHENACETIN				
7497	Mixture P.L.	200 ml.	4	0 8 11	Extemp.
	ADRENALINE				
	Eye Drops				
2434	0.5%, 7.5 ml.	‡1	6	1 11 0	AN
1014	1%, 7.5 ml.	‡1	6	1 14 4	AN
1015	2%, 10 ml.	‡1	6	3 13 0	MH

Code No.	Approved Name, Manner of Administration, Restriction and Form	Max. Qty.	No. of Rpts.	Dispensed Price for Max. Qty.	Manufacturer
	ADRENALINE ACID TARTRATE				
	Injection, B.P.				
1016	1 in 1,000, 1 ml.	5	1	0 8 0	FH
				0 8 4	BX, KL
				0 8 5	AD, BL, BT, BW, PD
1017	1 in 1,000, 10 ml.	1	1	0 7 0	BW, PD
	Solution, B.P.				
1018	1 in 1,000, 25 ml.	1	..	0 6 11	BW
1019	1 in 1,000, 1 fl. oz.	1	..	0 6 11	BX, RT(V)
				0 9 0	PD
1020	Solution 1 in 100, 7 ml.	1	1	0 6 11	BW, PD
	ADRENALINE and ATROPINE				
7476	Spray P.L.	15 ml.	2	0 12 9	Extemp.
	ADRENALINE MUCATE				
1021	Injection, 1 in 1,000, 1 ml.	5	1	0 11 8	GL
	ALKAVERVIR				
	See Restricted Benefits.				
	ALOXIDONE				
1023	Oral Capsule 300 mg.	200	1	*3 19 6	BS
	ALUMINIUM				
1034	Compound Paste 10%, 4 oz.	‡1	1	1 1 8	BT

	ALUMINIUM ACETATE				
7655	Cream Oily P.L.	100 G.	1	0 9 5	Extemp.
7642	Ear Drops P.L.	15 ml.	2	0 7 2	Extemp.
	ALUMINIUM HYDROXIDE GEL				
	†Mixture				
1024	8 fl. oz.	1	4	†0 5 5	CH(QNW), MG, WD(N)
				†0 5 11	DH, WY
1025	(with instructions for use)				CH(QNW), MG, WD(N) DH, WY
	ALUMINIUM HYDROXIDE GEL DRIED				
	Oral Tablet				
1026	300 mg.	100	2	0 12 4	EV, KL, PR, PT, RT(V), SL, WL
				0 12 8	HY
				0 13 0	HA, RD, WY
1027	600 mg.	100	2	0 15 11	KL, PT
				0 17 0	CO, HA, WY
	ALUMINIUM HYDROXIDE GEL with MAGNESIUM HYDROXIDE				
1028	Mixture 8 fl. oz.	‡1	4	0 8 3	PR, WY
1029	Oral Tablet 300 mg.-90 mg.	100	2	0 14 0	WY
	ALUMINIUM HYDROXIDE GEL with MAGNESIUM TRISILICATE				
1030	Mixture 250 mg.-500 mg. per 4 ml., 8 fl. oz.	‡1	4	0 9 8	WW
1031	Oral Tablet 250 mg.-500 mg.	100	2	0 14 4	WW

Code No.	Approved Name, Manner of Administration, Restriction and Form	Max. Qty.	No. of Rpts.	Dispensed Price for Max. Qty.	Manufacturer
	ALUMINIUM HYDROXIDE GEL with MAGNESIUM TRISILICATE and MAGNESIUM HYDROXIDE				
2407	Mixture 250 mg.-120 mg.-120 mg. per 5 ml., 8 fl. oz.	‡1	4	0 10 8	FM
1032	Oral Tablet 250 mg.-120 mg.-120 mg.	100	2	0 15 0	FA, HA, KL, PT
				0 15 8 (ex 500)	BW, FM, GP, VR
				0 16 4 (ex M.P.)	BW, FA, FM, GP, HA, KL, PT, VR
	ALUMINIUM HYDROXIDE with KAOLIN				
7577	Mixture for Children P.L.	100 ml.	4	0 8 10	Extemp.
	ALUMINIUM HYDROXIDE-MAGNESIUM CARBONATE CO-DRIED GEL.				
1033	Oral Tablet 375 mg.	100	2	0 17 0	BD, BS, BT, MJ
	ALUMINIUM and MAGNESIUM TRISILICATE				
7477	Internal Powder P.L.	100 G.	2	0 10 2	Extemp.
	ALUMINIUM SODIUM SILICATE with BELLADONNA				
2444	Powder, 0.075 mg. of Belladonna Alkaloids per G., 100 G.	1	2	0 11 0	BS
	AMINACRINE HYDROCHLORIDE Eye Drops				
1035	3 mg. in 1/2 fl. oz.	‡1	2	0 10 7	IQ, KL, SI

	AMINOPHYLLINE				
	Injection I.M.				
1036	480 mg. in 2 ml.	5	..	0 12 0	AD
1037	500 mg. in 2 ml.	5	..	0 11 4	FH
				0 12 0	BW, BX, HA
	Injection I.V.				
1038	250 mg. in 10 ml.	5	..	0 15 3	FH
				0 16 1	HA
				0 16 3	AD, BW, BX
	Oral Tablet				
1039	100 mg.	100	2	0 5 1	HY, SL
				0 5 6	RY
				0 6 0	MG
				0 6 1	AD, DH, KL, RT(V), SI, TO
				0 6 9	FA, HA
				0 7 3	BW
				(ex 500)	
				0 6 4	AD, DH, FA, HY, KL, MG, RT(V), RY, SI, SL, TO
				0 7 5	BW, HA
				(ex M.P.)	
2463	125 mg.	100	2	0 11 8	AN
1040	150 mg.	100	2	0 17 5	AB
	Suppository				
1041	175 mg.	12	1	0 9 0	HA, KL
1042	250 mg.	12	1	0 12 0	AN, DH, HA, KL
1043	400 mg.	12	1	0 12 0	HA, KL

Code No.	Approved Name, Manner of Administration, Restriction and Form	Max. Qty.	No. of Rpts.	Dispensed Price for Max. Qty.	Manufacturer
	AMITRIPTYLINE See Restricted Benefits.				
	AMMONIUM CHLORIDE				
1044	Oral Tablet 500 mg.	100	3	0 8 4	HY, QE(QNVS), RY, TO
	AMODIAQUINE				
1045	Oral Tablet equivalent to 150 mg. Amodiaquine base.	100	2	1 4 4	PD
	AMPHETAMINE SULPHATE				
1046	Oral Tablet 5 mg.	100	2	0 6 8	FA, HY, KL, MG, PR, QE(QNVS), RT(V), RY, TO
				0 7 5	DH
	AMPHOTERICIN B See Restricted Benefits.				
	AMPICILLIN See Restricted Benefits.				
	AMYLOBARBITONE				
	Oral Tablet				
1049	15 mg.	100	2	0 7 8	FA, HY, PT
				0 8 8	DL, FM, GP, HA, KL, LY, RY
1050	30 mg.	100	2	0 8 4	FA, HY, MG, PT, RT(V), SL
				0 10 4	DL, FM, GP, HA, KL, LY, RY, VR

1051	50 mg.	100	2	0 8 3	PT
				0 8 7	FA, PR, SL
				0 8 8	HY, QE(QNVS)
				0 8 11	RT(V)
				0 9 4	MG
				0 11 1	DF, DL, FM, GP, HA, KL, LY, RY, VR
				(ex 500)	
				0 9 0	FA, HY, MG, PR, PT, QE(QNVS), RT(V), SL
				0 11 9	DF, DL, FM, GP, HA, KL, LY, RY, VR
				(ex M.P.)	
1052	100 mg.	50	2	0 7 2	PT
				0 7 3	FA, PR, SL
				0 7 7	MG
				0 7 8	HY
				0 7 10	DH, RT(V)
				0 7 11	QE(QNVS)
				0 8 0	AD, DF, DL, FM, GP, HA, KL, LY, RY, SI, TO, VR
				(ex 250)	
				0 7 8	FA, MG, PR, PT, SL
				0 8 1	DH, HY
				0 8 4	QE(QNVS), RT(V)
				0 8 5	AD, DF, DL, FM, GP, HA, KL,
				(ex M.P.)	LY, RY, SI, TO, VR
	Oral Tablet (sustained release)				
1053	50 mg.	50	2	0 9 0	GP
1054	100 mg.	50	2	0 10 8	GP, MR

Code No.	Approved Name, Manner of Administration, Restriction and Form	Max. Qty.	No. of Rpts.	Dispensed Price for Max. Qty.	Manufacturer
	AMYLOBARBITONE SODIUM				
	Oral Capsule				
1055	65 mg.	50	2	0 10 4	LF
				0 10 9	LY
1056	200 mg.	50	1	0 12 10	FA, KL
				0 13 1	RY
				0 13 4	LF
				0 18 7	LY, VR
				(ex 250)	
				0 13 8	KL, LF
				0 14 4	FA, RY
				1 0 8	LY, VR
				(ex M.P.)	
	Injection				
1057	125 mg. (solvent required)	5	..	1 3 8	LY
1058	250 mg. (solvent required)	5	..	*1 5 1	LY
1059	500 mg. (solvent required)	5	..	*1 16 4	LY
1060	1 G. (solvent required)	5	..	*2 15 1	LY
	ANEURINE HYDROCHLORIDE				
	Injection				
1061	25 mg. in 1 ml.	5	1	0 12 0	BD
1062	50 mg. in 1 ml.	5	1	0 14 8	KL
				0 15 7	BL
				0 15 8	BX, FM
1063	50 mg. per ml., 2 ml.	5	1	0 17 4	BD
1064	50 mg. per ml., 10 ml.	1	1	0 12 4	FM, KL, PD

1065	100 mg. in 1 ml.	5	1	0	16	4	KL
				0	17	8	BX
1066	100 mg. per ml., 10 ml.	1	1	0	15	0	BX, FA, FM, KL, MJ, PD
	Tablets - See Restricted Benefits.						
	ANTAZOLINE						
1072	Injection 100 mg. in 2 ml.	10	..	*1	1	8	CB
				*1	2	2	BT
1073	Oral Tablet 100 mg.	50	1	0	13	8	CB
	ANTAZOLINE with NAPHAZOLINE						
	Eye Drops						
1074	1/2 fl. oz.	‡1	2	0	7	0	TO
1075	10 ml.	‡1	2	0	8	4	CB
	AQUEOUS CREAM						
7492	Cream P.L.	100 G.	1	0	9	11	Extemp.
7491	Cream Buffered P.L.	100 G.	1	0	9	9	Extemp.
	ASCORBIC ACID						
	See Restricted Benefits.						
	ATROPINE						
1082	Eye Drops, Oily 1%, 1/2 fl. oz.	‡1	2	0	13	0	IQ, SI

Code No.	Approved Name, Manner of Administration, Restriction and Form	Max. Qty.	No. of Rpts.	Dispensed Price for Max. Qty.	Manufacturer
	ATROPINE METHONITRATE				
7512	Mixture for Children P.L.	100 ml.	4	0 10 0	Extemp.
1083	Oral Solution 0.6%, 1/2 fl. oz.	1	..	0 9 8	BA
1084	Oral Tablet 1 mg.	50	2	0 14 4	BA
	ATROPINE SULPHATE				
	Hypo. Tablet				
1085	1/200 gr. (solvent required)	20	1	0 5 8	PD
1086	1/150 gr. (solvent required)	20	1	0 5 8	DH, FA, PD
1087	1/100 gr. (solvent required)	20	1	0 6 0	DH, FA, PD
	Injection				
1088	0.4 mg. in 1 ml.	5	1	0 8 7	FH, KL
				0 9 0	BL, BT, BX
1089	0.6 mg. in 1 ml.	5	1	0 8 7	FH, KL
				0 9 0	BL, BT, BX
1090	0.6 mg. per ml., 10 ml.	1	..	0 9 8	BX, FA
1091	1.25 mg. in 1 ml.	5	1	0 8 7	FH, KL
				0 9 0	BL, BX
	Eye Drops				
1092	1/2%, 1/2 fl. oz.	‡1	2	0 11 0	AN, DH, IQ, KL, SI
1093	1%, 1/2 fl. oz.	‡1	2	0 12 0	AN, DH, IQ, KL, SI
1094	Eye Ointment 1%, 4 G.	‡1	..	0 6 4	PD
	AUROTHIOGLUCOSE				
	Injection, Oily				
1095	10 mg.	1	3	0 6 3	SC
1096	25 mg.	1	3	0 7 7	SC
1097	50 mg.	5	..	*1 8 5	SC

1098	100 mg.	5	..	*1 15 11	SC
	BACITRACIN				
1099	Eye Drops 15,000 Units and 15 ml. of solvent	‡1	2	§0 19 10	AN, IQ
	BARBITONE SODIUM				
	Oral Tablet				
1100	300 mg.	50	2	0 9 4	DH, KL, MG, SL
1101	500 mg.	50	2	0 10 0	DH, FA, KL
	BARBITURATES COMPOUND				
1102	Oral Capsule A.P.F. 1955	50	1	1 13 8	AB, AN, KL
	BELLADONNA				
1103	Compound Suppository	12	1	0 7 11	WY
7513	Mixture for Children P.L.	100 ml.	4	0 8 6	Extemp.
	BELLADONNA with PHENOBARBITONE				
	Oral Tablet of prepared Belladonna Herb B.P. (or equivalent of Dry Extract of Belladonna) with Phenobarbitone.				
2423	30 mg.-20 mg.	100	2	0 8 8	LF, PT
				0 8 9	DH, FM, GP, HY, RT(V), SL, TR, WW
2424	45 mg.-30 mg.	100	2	0 10 0	LF
				0 10 1	PT
				0 10 4	DH, FM, GP, HY, RT(V), SL, TR, WW

Code No.	Approved Name, Manner of Administration, Restriction and Form	Max. Qty.	No. of Rpts.	Dispensed Price for Max. Qty.	Manufacturer
	BEMEGRIDE				
	See Restricted Benefits.				
	BENDROFLUAZIDE				
	Oral Tablet				
1105	2.5 mg.	50	2	0 18 11	AN, BT, GL
				(ex 250)	
				0 19 8	AN, BT, GL
				(ex M.P.)	
1106	5 mg.	50	2	1 8 1	AN, BT, GL
				(ex 250)	
				1 8 9	AN, BT, GL
				(ex M.P.)	
	BENZALKONIUM CHLORIDE				
1107	Compound Suppository	12	1	0 11 8	FA
1108	Solution 10%, 4 fl. oz.	‡1	..	0 8 9	BA
	BENZHEXOL				
	Oral Tablet				
1109	2 mg.	100	2	1 1 4	LE, WL
1110	5 mg.	100	2	2 1 4	LE, WL
	BENZOCAINE with ADRENALINE				
1111	Compound Ointment 2 oz.	1	1	0 13 0	GP
1112	Compound Suppository	12	1	0 10 7	GP
1113	Suppository A.P.F. 1955	12	1	0 13 0	DH, KL
				0 15 0	AN

	BENZOIC ACID				
9497	Compound Ointment P.L.	100 G.	1	0 13 5	Extemp.
	BENZOIN				
7485	Inhalation P.L.	50 ml.	1	0 10 8	Extemp.
	BENZTROPINE				
2362	Oral Tablet 2 mg.	100	..	2 5 8	MK
	BENZYL BENZOATE				
1114	Application 25%, 4 fl. oz.	‡1	1	0 7 0	EV, MB
	BENZYL BENZOATE with DICOPHANE				
7668	Application P.L.	200 ml.	1	0 10 10	Extemp.
	BEPHENIUM HYDROXYNAPHTHOATE (Bephenium)				
1115	Oral Sachet 5 G.	1	..	0 7 5	BW
	BETAMETHASONE				
1118	Eye Drops 0.1%, 5 ml.	‡1	2	1 3 0	GL, SH
2377	Eye Ointment 0.1%, 3 G.	‡1	..	0 16 4	GL, SH
	Injection - See Restricted Benefits.				
	Tablet - See Restricted Benefits.				
	BISMUTH SUBGALLATE				
1121	Suppository 300 mg.	12	1	0 8 1	DH
1122	Compound Suppository	12	1	0 8 3	DH, WW
				0 13 8	KL

Code No.	Approved Name, Manner of Administration, Restriction and Form	Max. Qty.	No. of Rpts.	Dispensed Price for Max. Qty.	Manufacturer
	BORIC ACID				
7643	Ear Drops P.L.	15 ml.	2	0 6 11	Extemp.
	†Powder, B.P.				
1123	4 oz.	1	..	†0 1 3	WD(N)
				†0 2 0	SI(V)
				†0 2 3	DH, FA
1124	(with instructions for use)				WD(N)
					SI(V)
					DH, FA
	BORIC TALC				
7552	Dusting Powder P.L.	100 G.	1	0 9 3	Extemp.
	BRETYLIUM TOSYLATE (Bretylium)				
1125	Oral Tablet 200 mg.	100	2	4 6 4	BW
	BROWN SNAKE ANTI-VENENE				
1126	Injection 500 Units	2	1	*14 3 0	CS
	BUSULPHAN				
	Tablets - See Restricted Benefits.				

	BUTABARBITAL SODIUM				
	Oral Tablet				
1129	15 mg.	50	2	0 6 8	AN
				(ex 250)	
				0 7 7	AN
				(ex M.P.)	
1130	30 mg.	50	2	0 7 6	AN
				(ex 250)	
				0 8 7	AN
				(ex M.P.)	
1131	50 mg.	50	2	0 9 8	AN
1132	100 mg.	50	2	0 13 9	AN
	BUTOBARBITONE				
1133	Oral Tablet 100 mg.	50	2	0 6 0	PT
				0 6 2	AD, DH, MB, RT(V), SI, SL
				0 6 7	RY
				0 6 9	KL
				(ex 250)	
				0 6 8	PT, SL
				0 6 11	AD, DH, RT(V), RY, SI
				0 7 0	KL, MB
				(ex M.P.)	
	CALAMINE				
7658	Cream Aqueous P.L.	100 G.	1	0 8 11	Extemp.
7659	Cream Oil P.L.	100 G.	1	0 9 4	Extemp.
7629	Lotion P.L.	200 ml.	4	0 9 11	Extemp.
7630	Lotion Oily P.L.	200 ml.	4	0 9 3	Extemp.

Code No.	Approved Name, Manner of Administration, Restriction and Form	Max. Qty.	No. of Rpts.	Dispensed Price for Max. Qty.	Manufacturer
	CALCIFEROL				
	See Restricted Benefits.				
	CALCIUM AMINOSALICYLATE				
	See Restricted Benefits.				
	CALCIUM AUROTHIOMALATE				
	Injection				
1142	10 mg.	1	3	0 7 9	CK
1143	25 mg.	1	3	0 8 4	CK
1144	50 mg.	5	..	*1 9 11	CK
1145	100 mg.	5	..	*2 0 6	CK
	CALCIUM GLUCONATE				
1146	Injection 10%, 10 ml.	5	1	0 13 0	FH, SZ, TH
1147	Oral Tablet 600 mg.	100	2	0 7 0	KL, SL
				0 7 8	AD, DH, FA, HY, PR, RT(V), RY, SI, TO
				0 8 4	MG
	Effervescent Tablet - See Restricted Benefits.				
	CALCIUM and KAOLIN				
7514	Mixture for Children P.L.	100 ml.	4	0 7 8	Extemp.
	CALCIUM LACTATE				
1149	Oral Tablet 300 mg.	100	2	0 6 4	AD, DH, FA, HY, KL, RT(V), RY, SI, SL, TO

	CAMPHOR				
7884	Liniment P.L.	100 ml.	1	0 9 9	Extemp.
	CARAMIPHEN				
	See Restricted Benefits.				
	CARBACHOL				
1151	Injection 0.25 mg. in 1 ml.	5	..	0 8 7	BD, FH
	CARBAMAZEPINE				
	See Restricted Benefits.				
	CARBARSONE				
1152	Oral Tablet 250 mg.	20	1	0 6 9	MB
	CARBIMAZOLE				
1153	Oral Tablet 5 mg.	100	2	0 19 8	PT
				1 6 4	BS
	CARBINOXAMINE MALEATE				
	Oral Paediatric Elixir				
2358	4 mg. per 5 ml., 4 fl. oz.	‡1	4	0 10 4	AN
	Oral Tablet				
1154	4 mg.	50	1	0 15 8	AN
2409	12 mg. (sustained release)	50	1	1 16 4	AN

Code No.	Approved Name, Manner of Administration, Restriction and Form	Max. Qty.	No. of Rpts.	Dispensed Price for Max. Qty.	Manufacturer
	CASCARA				
	Oral Tablet				
1155	200 mg.	25	3	0 5 0	AD, DH, FA, HY, RT(V), SI, SL
1156	300 mg.	25	3	0 5 5	AD, DH, FA, HY, RT(V), SI, SL
	†Liquid Extract, B.P.				
1157	1 fl. oz.	1	1	†0 1 11	DH, WD(N)
1158	(with instructions for use)				DH, WD(N)
1159	2 fl. oz.	1	1	†0 3 0	DH, WD(N)
1160	(with instructions for use)				DH, WD(N)
	CASTOR OIL				
1161	†5 oz.	1	..	†0 2 6	WD(N)
				†0 3 3	DH
				†0 3 6	FA
1162	(with instructions for use)				WD(N)
					DH
					FA
	CETOMACROGOL				
7661	Cream Aqueous P.L.	100 G.	1	0 10 3	Extemp.
	CETRIMIDE				
7660	Cream Aqueous P.L.	100 G.	1	0 11 4	Extemp.
	CHALK and KAOLIN				
7498	Mixture P.L.	200 ml.	4	0 8 10	Extemp.

	CHLORAL							
7499	Mixture P.L.	200 ml.	4	0	8	8	Extemp.
7515	Mixture for Children P.L.	100 ml.	4	0	7	7	Extemp.
	CHLORAMBUCIL							
	See Restricted Benefits.							
	CHLORAMPHENICOL							
	Ear Drops							
2395	2%, 10 ml.	‡1	2	0	11	0	CW
1169	10%, 6 ml.	‡1	2	0	11	0	KL
				0	13	0	PD
	Eye Drops							
1170	25 mg. and 10 ml. solvent	‡1	2	$0	16	10	PD
2360	0.5%, 10 ml.	‡1	2	0	11	0	CW
	Eye Ointment							
1171	1% 4 G.	‡1	..	0	6	4	KL
				0	6	11	PD
1172	1% 5 G.	‡1	..	0	6	11	EC
	Capsule - See Restricted Benefits.							
	Injection - See Restricted Benefits.							
	Suspension- See Restricted Benefits.							
	Tablets - See Restricted Benefits.							
	CHLORAMPHENICOL with POLYMYXIN B							
	Eye Ointment							
1177	1% - 5000 Units per G.,4 G.	‡1	..	0	6	4	KL
				0	6	11	PD

Code No.	Approved Name, Manner of Administration, Restriction and Form	Max. Qty.	No. of Rpts.	Dispensed Price for Max. Qty.	Manufacturer
	CHLORAZANIL				
	Oral Tablet				
1178	25 mg.	50	2	0 15 0	RK, SI
1179	150 mg.	50	2	1 14 0	RK, SI
	CHLORCYCLIZINE				
1180	Oral Tablet 50 mg.	50	1	0 17 0	AB, BW
	CHLORHEXIDINE				
7490	Cream Aqueous P.L.	100 G.	1	0 11 1	Extemp.
7487	Ear Drops P.L.	15 ml.	2	0 6 10	Extemp.
1181	Solution 5%, 100 ml.	‡1	1	0 15 0	IC
	CHLOROBENZOL DISULPHONAMIDE				
	Oral Tablet				
1182	100 mg.	50	2	0 18 0	NS
1183	200 mg.	50	2	1 11 7	NS
	CHLOROQUINE				
1184	Oral Tablet equivalent to 150 mg. Chloroquine base	100	2	1 10 3	AN, BA, DH, EV, FB, IC, MB, RT(V), RY
	Injection				
1185	2 ml.	5	1	*0 11 4	MB
1186	5 ml.	5	1	*0 18 0	MB
				0 18 8	BX

	CHLOROTHIAZIDE				
1187	Oral Tablet 500 mg.	50	2	1 8 5	MK
				(ex 250)	
				1 12 0	MK
				(ex M.P.)	
	CHLOROTRIANISENE				
	See Restricted Benefits.				
	CHLORPHENIRAMINE MALEATE				
	(Chlorpheniramine)				
1189	Injection 10 mg. in 1 ml.	5	..	0 15 9	GL
	Oral Tablet				
1190	4 mg.	50	1	0 16 8	LF, PT
				0 17 4	SH
				0 17 8	GL
1191	8 mg.	50	1	1 0 8	LF, PT
				1 1 8	GL
				1 7 4	SH
1192	Oral Paediatric Syrup 4 fl. oz.	‡1	4	0 9 8	GL
	CHLORPROMAZINE HYDROCHLORIDE				
	See Restricted Benefits.				
	CHLORPROPAMIDE				
1202	Oral Tablet 250 mg.	100	2	2 3 0	PF

Code No.	Approved Name, Manner of Administration, Restriction and Form	Max. Qty.	No. of Rpts.	Dispensed Price for Max. Qty.	Manufacturer
	CHLORTETRACYCLINE				
1207	Eye Ointment 1% 4 G.	‡1	..	0 5 4	KL
				0 5 8	LE
	Capsules - See Restricted Benefits.				
	Granules - See Restricted Benefits.				
	CHLORTHALIDONE				
1208	Oral Tablet 100 mg.	50	2	2 8 3	GE
	CHOLERA VACCINE				
1209	Injection 8,000 M. in 1 ml.	3	..	*0 14 0	CS
	CLEMIZOLE				
1210	Oral Tablet 20 mg.	50	1	*0 15 9	SC
1211	Injection 1 ml.	3	..	0 9 8	SC
1212	Oral Paediatric Syrup 100 ml.	‡1	4	0 9 8	SC
	CLOPAMIDE				
2399	Oral Tablet 20 mg.	50	2	1 4 4	SZ
	COAL TAR				
7555	Paste P.L.	100 G.	1	0 10 6	Extemp.
	COAL TAR and ZINC				
7662	Cream P.L.	100 G.	1	0 10 0	Extemp.
	COCAINE				
1213	Eye Drops Oily, 2%, 1/2 fl. oz.	‡1	2	0 15 11	IQ, SI

	CODEINE COMPOUND B.P. See Restricted Benefits.				
	CODEINE PHOSPHATE				
7495	Linctus P.L.	100 ml.	2	0 11 8	Extemp.
1214	Oral Tablet 30 mg.	25	3	0 8 4	DH, HY, KL, RT(V), RY
	CODEINE PHOSPHATE with ACETYLSALICYLIC ACID See Restricted Benefits.				
	CODEINE PHOSPHATE with ACETYLSALICYLIC ACID and PHENACETIN See Restricted Benefits.				
	CODEINE PHOSPHATE with ACETYLSALICYLIC ACID, PHENACETIN and CAFFEINE See Restricted Benefits.				
	COD LIVER OIL				
	†Cod Liver Oil, B.P.				
1223	8 fl. oz.	1	4	†0 3 6	WD(N)
				†0 4 0	DH, FA, SI(V)
1224	(with instructions for use)				WD(N)
					DH, FA, SI(V)
	Emulsion - See Restricted Benefits.				

Code No.	Approved Name, Manner of Administration, Restriction and Form	Max. Qty.	No. of Rpts.	Dispensed Price for Max. Qty.	Manufacturer
	COLCHICINE				
1227	Oral Tablet 0.5 mg.	100	2	0 11 8	EV, HY, KL, MR, PT, RT(V)
				0 12 4	BW, DH
	COLD CREAM				
7663	Cream P.L.	100 G.	1	0 9 8	Extemp.
	COPPER SULPHATE				
1228	†Diagnostic Compound Tablet 36	1	2	†0 6 9	AM
1229	(with instructions for use)				AM
	CORTICOTROPHIN				
	See Restricted Benefits.				
	CORTISONE ACETATE				
	Eye Drops				
1248	0.5% 3 ml.	‡1	2	0 13 8	DH
1249	0.5% 5 ml.	‡1	2	0 15 8	MK
1250	0.5% 10 ml.	‡1	2	0 19 0	AN, MK
1251	1% 2.5 ml.	‡1	2	0 13 8	CB
1252	1% 3 ml.	‡1	2	0 15 8	AN, RL
1253	2.5% 5 ml.	‡1	2	2 1 0	DH, MK
1254	2.5% 10 ml.	‡1	2	2 11 0	AN, MK
	Injections - See Restricted Benefits.				
	Tablets - See Restricted Benefits.				

	CYANOCOBALAMIN See Restricted Benefits.				
	CYCLOBARBITONE				
1263	Oral Tablet 200 mg.	50	2	0 13 8 0 16 4 *0 16 7	KL, MG, SL BA, BW, GP HA
	CYCLOPENTHIAZIDE				
1264	Oral Tablet 0.5 mg.	50	2	1 3 8 (ex 250) 1 5 8 (ex M.P.)	CB CB
	CYCLOPHOSPHAMIDE				
	Injection				
1265	100 mg. (solvent required)	10	..	5 4 4	MJ
2381	200 mg. (solvent required)	10	..	6 3 0	MJ
1266	Oral Tablet 50 mg.	50	..	2 19 8	MJ
	CYCLOTHIAZIDE				
2426	Oral Tablet 5 mg.	50	2	1 8 0	BY
	CYCRIMINE HYDROCHLORIDE				
	Oral Tablet				
1267	1.25 mg.	100	2	1 15 0	LY
1268	2.5 mg.	100	2	2 14 4	LY

Code No.	Approved Name, Manner of Administration, Restriction and Form	Max. Qty.	No. of Rpts.	Dispensed Price for Max. Qty.	Manufacturer
	CYPROHEPTADINE				
1269	Oral Tablet 4 mg.	50	2	0 17 2 (ex 250)	MK
				0 19 0 (ex M.P.)	MK
	Oral Paediatric Syrup				
1270	1.2 mg. per 5 ml., 4 fl. oz.	‡1	4	0 9 8	MK
	DAPSONE				
	Oral Tablet				
1271	50 mg.	100	2	0 7 0	AN
1272	100 mg.	100	2	0 8 4	IC
	DARROW'S SOLUTION				
	See "Intravenous Fluids"				
	DEATH ADDER ANTI-VENENE				
1273	Injection 3,000 Units	2	..	*7 3 0	CS
	DEMECARIUM BROMIDE				
	Eye Drops				
2378	0.1%, 5 ml.	‡1	6	0 16 8	AP
1274	0.25% 5 ml.	‡1	6	0 18 0	AP
1275	0.5% 5 ml.	‡1	6	1 0 9	AP
	DEMETHYLCHLORTETRACYCLINE				
	See Restricted Benefits.				

	DEOXYCORTONE See Restricted Benefits.				
	DESLANOSIDE				
1289	Injection 0.2 mg. per ml., 2 ml.	5	1	0 11 4	SZ
	DEXAMETHASONE See Restricted Benefits.				
	DEXAMPHETAMINE SULPHATE				
1293	Oral Tablet 5 mg.	100	2	0 6 4	AD, DH, FA, GP, HY, KL, MG, PR, RT(V), RY, SI, SL, TO
	DEXCHLORPHENIRAMINE MALEATE (Dexchlorpheniramine)				
1294	Injection 5 mg. in 1 ml.	5	..	0 12 4	SH
	Oral Tablet				
1295	2 mg.	50	1	0 16 9	SH
1296	6 mg.	50	1	1 15 0 (ex 250)	SH
				1 16 7 (ex M.P.)	SH
1297	Oral Paediatric Syrup 2 mg. per 5 ml., 100 ml.	‡1	4	0 11 8	SH
	DEXTRIFERRON				
1300	Injection I.V. 5 ml.	5	..	1 16 4	AP

Code No.	Approved Name, Manner of Administration, Restriction and Form	Max. Qty.	No. of Rpts.	Dispensed Price for Max. Qty.	Manufacturer
	DEXTROSE				
	Injection				
1302	50%, 50 ml.	5	1	*1 13 0	FH, PD
	For 1/2 litre and 1 litre sizes see "Intravenous Fluids"				
	DEXTROSE and GLYCERIN				
7576	Nasal Instillation P.L.	15 ml.	2	0 7 6	Extemp.
	DICHLORPHENAMIDE				
1303	Oral Tablet 50 mg.	50	4	*3 12 9	MK
	DICOPHANE				
7669	Application P.L.	200 ml.	1	0 8 10	Extemp.
9841	Dusting Powder P.L.	100 G.	1	0 8 10	Extemp.
	DICYCLOMINE HYDROCHLORIDE				
1304	Oral Tablet 10 mg.	100	2	1 4 10 (ex 500)	ML
				1 7 8 (ex M.P.)	ML
1305	Oral Paediatric Syrup 10 mg. per 5 ml., 4 fl. oz.	‡1	4	0 15 0	ML
	DIENOESTROL				
	See Restricted Benefits.				

	DIETHAZINE				
	Oral Tablet				
1311	50 mg.	100	2	0 10 4	MB
1312	250 mg.	100	2	*1 9 8	MB
	DIETHYLCARBAMAZINE				
1313	Oral Tablet 50 mg.	40	1	*0 15 11	LE
	DIGITALIS, PREPARED				
	Oral Tablet				
1314	30 mg.	100	2	0 5 0	BW, DH, FA, RT(V), RY
1315	60 mg.	100	2	0 5 3	BW, DH, FA, RT(V), RY
	DIGITOXIN				
	Oral Tablet				
1316	0.1 mg.	100	2	0 10 3	KL, MJ, NA, WY
1317	0.2 mg.	100	2	0 17 8	MJ, WY
1318	0.25 mg.	100	2	0 19 5	KL
	DIGOXIN				
1319	Oral Solution 0.5 mg. per ml., 30 ml.	‡1	..	0 12 8	BW
1320	Oral Solution for Children				
	0.05 mg. per ml., 50 ml.	‡1	2	0 13 8	BW
1321	Injection 0.25 mg. per ml., 2 ml.	10	1	*0 19 10	BW
1322	Oral Tablet 0.25 mg.	100	2	0 7 6	SL
				0 7 7	LF, PT
				0 7 10	FA
				0 8 1	NA
				0 8 6	HY
				0 8 8	RT(V)

Code No.	Approved Name, Manner of Administration, Restriction and Form	Max. Qty.	No. of Rpts.	Dispensed Price for Max. Qty.	Manufacturer
	DIGOXIN - cont.				
	1322 - continued			0 9 2	TO
				0 9 8	RY
				0 10 3	PR
				0 10 9	MG
				0 11 7	BW, RD, VR
				(ex 500)	
				0 7 4	PT
				0 7 8	LF, NA, SL
				0 8 0	FA
				0 8 4	HY
				0 9 8	PR, RT(V)
				0 10 0	TO
				0 10 1	RY
				0 12 8	BW, MG, RD, VR
				(ex M.P.)	
	DIHYDROERGOTAMINE				
1323	Injection 1 mg. in 1 ml.	5	..	0 16 4	SZ
	DIHYDROMORPHINONE HYDROCHLORIDE				
1324	Injection 1.1 ml.	5	..	0 10 4	KN
1325	Oral Tablet 2.5 mg.	20	..	*0 9 8	KN
	DIHYDROSTREPTOMYCIN SULPHATE				
	See Restricted Benefits.				

	DIHYDROSTREPTOMYCIN SULPHATE with ATTAPULGITE, PECTIN and HYDRATED ALUMINA POWDER				
	Oral Tablet				
1327	150 mg.-350 mg.-45 mg.-70 mg.	16	..	0 14 1	WY
	DIHYDROSTREPTOMYCIN SULPHATE with KAOLIN, PECTIN and ALUMINIUM HYDROXIDE GEL				
	Oral Suspension				
2422	4.63 gr.-45 gr.-4 gr. per 1 fl. oz., 3.5 fl. oz.	‡1	..	0 14 4	WY
	DIHYDROTACHYSTEROL				
	See Restricted Benefits.				
	DI-IODOHYDROXYQUINOLINE (Diodoquinoline)				
	Oral Tablet				
1328	300 mg.	100	2	0 17 8	DF, MB
1329	650 mg.	100	2	4 2 4	SR
	Pessary - See Restricted Benefits.				
	Vaginal Tablet - See Restricted Benefits.				
	DILOXANIDE FUROATE				
	See Restricted Benefits.				
	DIMERCAPROL				
1334	Injection 5%, 2 ml.	10	..	1 19 0	BT

Code No.	Approved Name, Manner of Administration, Restriction and Form	Max. Qty.	No. of Rpts.	Dispensed Price for Max. Qty.	Manufacturer
	DIPHENHYDRAMINE				
1335	Injection 10 mg. per ml., 10 ml.	1	1	0 14 4	PD
1336	Oral Capsule 50 mg.	50	1	0 12 7	PD
1337	Oral Paediatric Elixir 115 ml.	‡1	4	0 7 0	PD
	DIPHENYLPYRALINE HYDROCHLORIDE				
	Oral Capsule				
1338	2.5 mg.	50	2	1 5 0	SK
1339	5 mg.	50	2	1 11 0	SK
1340	Oral Tablet 2.5 mg.	50	2	0 12 4	RK
	Oral Paediatric Syrup				
2351	2.5 mg. per 5 ml., 100 ml.	‡1	4	0 10 4	SK
	DIPHTHERIA ANTITOXIN (Dip./Ser.)				
	Injection				
1342	1,000 Units	2	1	*0 13 8	CS
1343	4,000 Units	2	1	*1 5 8	CS
1344	10,000 Units	2	1	*2 5 8	CS
1345	20,000 Units	2	1	*4 3 0	CS
	DIPHTHERIA and TETANUS VACCINE				
1341	Injection 0.5 ml.	3	..	*0 15 0	CS
				0 15 0	BT

	DIPHTHERIA, TETANUS and PERTUSSIS VACCINE (Triple Antigen)				
1346	Injection 0.5 ml.	3	..	*0 13 0 0 13 0	CS BT, BW, GL, PD
	DIPHTHERIA TOXOID PURIFIED (DILUTED FOR SKIN TEST ONLY)				
1350	Injection 1 ml.	1	..	0 6 4	CS
	DIPHTHERIA VACCINE (FORMOL TOXOID) (Dip./Vac./FT)				
1347	Injection Set containing 3 amps. each 0.5 ml. Toxoid undiluted and 1 amp. of 1 ml. Toxoid diluted	1	1	0 14 5	CS
	DIPHTHERIA VACCINE (PURIFIED TOXOID ALUMINIUM PHOSPHATE) (Dip./Vac/PTAP)				
1348	Injection 1 ml.	2	1	*0 10 4	CS
1349	Set containing 2 amps each 1 ml. Diphtheria Prophylactic (Purified Toxoid Aluminium Phosphate)(diluted) FOR IMMUNISATION OF ADULTS ONLY and 1 amp. of 1 ml. Purified Diphtheria Toxoid (diluted) for the skin test only.	1	..	0 12 4	CS

Code No.	Approved Name, Manner of Administration, Restriction and Form	Max. Qty.	No. of Rpts.	Dispensed Price for Max. Qty.	Manufacturer
	DIPYRIDAMOLE				
1351	Injection 5 mg. per ml., 2 ml.	5	..	0 14 7	BY
	DISODIUM STILBOESTROL DIPHOSPHATE				
	See Restricted Benefits.				
	DITHIAZANINE IODIDE				
	See Restricted Benefits.				
	DITHRANOL				
	Ointment				
1357	0.1%, 2 oz.	‡1	1	0 8 9	HY
2428	0.25%, 2 oz.	‡1	1	0 9 4	HY
2429	0.5%, 2 oz.	‡1	1	0 9 11	HY
1358	Ointment, Strong, 1%, 2 oz.	‡1	1	0 11 0	HY
	DITHRANOL and ZINC				
7556	Paste P.L.	100 G.	1	0 10 9	Extemp.
7557	Paste Strong P.L.	100 G.	1	0 14 2	Extemp.
	DYFLOS				
1359	Eye Drops 0.1%, 10 ml.	‡1	6	1 16 4	BT
	ECOTHIOPATE IODIDE				
	Eye Drops				
2405	0.06%, 3 mg. and 5 ml. of solvent	‡1	6	$1 10 2	AY
1360	0.125%, 6.25 mg. and 5 ml. of solvent	‡1	6	$1 14 2	AY
1361	0.25%, 12.5 mg. and 5 ml. of solvent	‡1	6	$1 18 2	AY

	EMETINE				
	Injection				
1363	20 mg. in 1 ml.	10	..	1 7 0	KL
1364	30 mg. in 1 ml.	10	..	1 13 0	KL
1365	65 mg. in 1 ml.	5	..	1 13 0	KL
	EMETINE AND BISMUTH IODIDE				
1362	Oral Tablet 60 mg.	25	2	2 0 4	HY
	EMULSIFYING OINTMENT				
7918	Ointment P.L.	100 G.	1	0 13 3	Extemp.
	EPHEDRINE HYDROCHLORIDE				
7493	Elixir P.L.	100 ml.	4	0 8 8	Extemp.
7574	Nasal Instillation P.L.	15 ml.	2	0 7 3	Extemp.
	Injection				
1366	30 mg. in 1 ml.	5	1	0 10 3	BL, KL
1367	50 mg. in 1 ml.	5	1	0 10 3	BL, KL
	Oral Tablet				
1368	7.5 mg.	100	2	0 5 8	DH, KL
1369	15 mg.	100	2	0 6 0	AD, BW, DH, HY, KL, MG, RT(V), RY, SI
1370	30 mg.	100	2	0 7 0	AD, BW, DH, FA, HY, KL, MG, PR, RT(V), RY, SI, SL
1371	60 mg.	100	2	0 10 0 0 10 1	KL, RT(V) HY

Code No.	Approved Name, Manner of Administration, Restriction and Form	Max. Qty.	No. of Rpts.	Dispensed Price for Max. Qty.	Manufacturer
	EPHEDRINE HYDROCHLORIDE with PHENOBARBITONE				
	Oral Tablet				
1372	15 mg.-15 mg.	100	2	0 7 0	HY, KL, QE(QNVS), RT(V)
				0 8 8	FM
1373	30 mg.-15 mg.	100	2	0 6 6	HY, SL
				0 6 9	RT(V)
				0 7 3	AD, DH, KL, QE(QNVS), SI
				0 9 0	FM
				(ex 500)	
				0 7 0	AD, HY, KL, QE(QNVS), RT(V), SI, SL
				0 8 4	DH
				0 9 4	FM
				(ex M.P.)	
1374	30 mg.-30 mg.	100	2	0 7 8	HY, KL, QE(QNVS), SL
				0 10 0	FM
	Oral Paediatric Elixir				
1375	30 mg.-20 mg. per 5 ml., 100 ml.	‡1	4	0 11 11	FM
	EPHEDRINE HYDROCHLORIDE with PHENOBARBITONE and THEOPHYLLINE				
1376	Oral Tablet 22.5 mg.-7.5 mg.-120 mg.	100	2	0 17 5	PT
				0 19 0	CO, HY, KL, WW
2436	Oral Capsule 22.5 mg.-7.5 mg.-120 mg.	100	2	0 19 0	LY
	Oral Paediatric Suspension				
2459	12 mg.-4 mg.-65 mg. per 5 ml., 100 ml.	‡1	2	0 12 0	WW

	ERGOMETRINE MALEATE				
	Injection				
1377	0.125 mg. in 1 ml.	5	..	0 11 4	FH
				0 12 0	BD, BW
1378	0.2 mg. in 1 ml.	5	..	0 13 7	FH
				0 15 5	LY
1379	0.5 mg. in 1 ml.	5	..	0 15 0	BD, BL, BX, FH
				0 18 0	BW, MJ
	Oral Tablet				
1380	0.2 mg.	25	3	0 16 9	LY
1381	0.5 mg.	25	3	2 0 4	BD, BW, HY, MJ, PT, VR
	ERGOTAMINE TARTRATE				
	Injection				
1382	0.25 mg. in 1 ml.	5	..	0 13 0	SZ
1383	0.5 mg. in 1 ml.	5	..	0 16 8	SZ
1384	Oral Tablet 1 mg.	50	2	0 15 0	HY
				0 15 8	KL
				1 2 8	SZ, WL
	ERGOTAMINE TARTRATE with CAFFEINE				
1385	Oral Tablet 1 mg.-100 mg.	50	2	1 3 0	PT
				1 9 8	BD, KL, SZ
1386	Compound Suppository	6	1	0 15 0	SZ
	ERGOTAMINE TARTRATE with CAFFEINE and CYCLIZINE HYDROCHLORIDE				
1387	Oral Tablet 2 mg.-100 mg.-50 mg.	50	2	1 16 4	BW

Code No.	Approved Name, Manner of Administration, Restriction and Form	Max. Qty.	No. of Rpts.	Dispensed Price for Max. Qty.	Manufacturer
	ERGOTAMINE TARTRATE with CAFFEINE CITRATE and DIPHENHYDRAMINE HYDROCHLORIDE				
1388	Oral Capsule 1 mg.-100 mg.-25 mg.	50	2	1 16 4	PD
	ERGOTAMINE TARTRATE with CAFFEINE and MECLOZINE HYDROCHLORIDE				
1389	Oral Tablet 1 mg.-100 mg.-10 mg.	50	2	1 15 4	BD
	ERYTHROMYCIN				
	See Restricted Benefits.				
	ETHANOLAMINE OLEATE				
1404	Injection 5%, 2 ml.	5	1	0 8 5	GL
	ETHINYLOESTRADIOL				
	See Restricted Benefits.				
	ETHISTERONE				
	See Restricted Benefits.				
	ETHOPROPAZINE				
1412	Oral Tablet 50 mg.	100	2	*1 9 8	MB

	ETHOSUXIMIDE						
1413	Oral Capsule 250 mg.	200	1	4	2	4	PD
	Oral Paediatric Syrup						
1414	250 mg. per 5 ml., 240 ml.	‡1	4	1	7	8	PD
	ETHOTOIN						
1415	Oral Tablet 500 mg.	200	1	4	9	8	AB
	ETHOXZOLAMIDE						
1416	Oral Tablet 125 mg.	50	4	3	0	8	UP
	ETHYL BISCOUMACETATE						
1417	Oral Tablet 300 mg.	100	2	13	17	0	GE
	ETHYLIDENE DICOUMARIN						
1418	Oral Tablet 100 mg.	100	2	3	5	8	NS
	ETHYLNORADRENALINE						
1419	Injection 1 ml.	5	..	0	18	11	WL
	ETHYLOESTRENOL						
	See Restricted Benefits.						
	EXTRACT OF OX BILE						
1420	Oral Capsule 300 mg.	50	1	0	11	0	PD
	FERRIC HYDROXIDE						
1421	Colloidal Paediatric Solution 4 fl. oz.	‡1	4	0	11	8	CK
				0	13	7	EV

Code No.	Approved Name, Manner of Administration, Restriction and Form	Max. Qty.	No. of Rpts.	Dispensed Price for Max. Qty.	Manufacturer
	FERROUS AMINOACETOSULPHATE (Feramacet)				
1422	Oral Tablet equivalent to 50 mg. Ferrous Iron.	100	2	0 9 8	BP, CO
	Oral Paediatric Syrup				
1423	4 fl. oz.	‡1	4	0 9 8	CO
2465	100 ml.	‡1	4	0 9 8	BP
	FERROUS GLUCONATE				
7516	Mixture for Children P.L.	100 ml.	4	0 8 11	Extemp.
1424	Oral Tablet 300 mg.	100	2	0 7 2	HY
				0 7 5	RT(V)
				0 7 8	DH, FA, KL, MG, PR, TO
				0 7 9	RY
				0 8 3 (ex 500)	HA, SZ, VR, WL
				0 8 4	DH, FA, HA, HY, MG, PR, RT(V), RY, TO, VR
				0 8 9 (ex M.P.)	KL, SZ, WL
1425	Oral Paediatric Elixir 6%, 4 fl. oz.	‡1	4	0 10 9	WL
	FERROUS PHOSPHATE COMPOUND				
1426	†Syrup 4 fl. oz.	1	4	†0 2 6	RT(V)
				†0 2 9	HY
1427	(with instructions for use)				RT(V)
					HY

	FERROUS SUCCINATE				
1428	Oral Capsule 150 mg.	100	2	0 12 7	CA
				(ex 500)	
				0 12 9	CA
				(ex M.P.)	
	Oral Paediatric Elixir				
1429	150 mg. per dram, 4 fl. oz.	‡1	4	0 11 0	CA
	FERROUS SULPHATE				
7500	Mixture P.L.	200 ml.	4	0 8 8	Extemp.
7517	Mixture for Children P.L.	100 ml.	4	0 7 9	Extemp.
	Oral Paediatric Drops				
1430	120 mg. per ml., 30 ml.	‡1	4	0 10 9	MJ
	Oral Tablet				
1431	200 mg.	100	2	0 6 4	HY
				0 8 0	GL, GP
1432	300 mg.	100	2	0 8 0	HY
				0 8 4	DH, GP, MJ, PD, WY
	FLUDROCORTISONE ACETATE				
	See Restricted Benefits.				
	FLUOXYMESTERONE				
	See Restricted Benefits.				
	FOLIC ACID				
	See Restricted Benefits.				

Code No.	Approved Name, Manner of Administration, Restriction and Form	Max. Qty.	No. of Rpts.	Dispensed Price for Max. Qty.	Manufacturer
	FRAMYCETIN SULPHATE				
	Eye Ointment				
1439	0.5%, 3.5 G.	‡1	..	0 11 11	GN, RL
1440	Eye and Ear Drops 0.5%, 5 ml.	‡1	2	0 16 11	GN, RL
	GAMMA BENZENE HEXACHLORIDE				
7671	Application P.L.	200 ml.	1	0 8 11	Extemp.
	GAS GANGRENE ANTITOXIN (OEDEMATIENS) (Oed/Ser)				
1441	Injection 10,000 Units	3	1	*1 19 0	CS
	GAS GANGRENE ANTITOXIN (SEPTICUM) (Sep/Ser)				
1444	Injection 5,000 Units	2	1	*2 1 6	CS
	GAS GANGRENE ANTITOXIN (WELCHII) (Wel/Ser)				
	Injection				
1445	4,000 Units	3	1	*2 9 9	CS
1446	10,000 Units	10	1	*10 13 0	CS

	GAS GANGRENE ANTITOXIN-MIXED (POLYVALENT) (Gas/Ser) Injection				
1442	1 amp. containing 3,000 Units Welchii, 1,500 Units Septicum, 1,000 Units Oedematiens.	2	1	*2 1 6	CS
1443	1 amp. containing 7,500 Units Welchii, 3,750 Units Septicum, 2,500 Units Oedematiens	2	1	*4 9 6	CS
	GENTIAN				
7501	Mixture, Acid, P.L.	200 ml.	4	0 8 3	Extemp.
7502	Mixture, Alkaline, P.L.	200 ml.	4	0 8 0	Extemp.
	GLUCAGON HYDROCHLORIDE				
1447	Injection 1 mg. with 1 ml. of diluent	1	..	1 8 0	LY
	GLUCOSE INDICATOR				
1448	†240 Test Dispenser	1	..	†1 4 0	LY
1449	(with instructions for use)				LY
1450	†Reagent Strips 60 strips	1	..	†0 12 0	AM
1451	(with instructions for use)				AM
	GLUTETHIMIDE				
1452	Oral Tablet 250 mg.	50	2	0 13 1 (ex 250)	CB
				0 13 8 (ex M.P.)	CB

Code No.	Approved Name, Manner of Administration, Restriction and Form	Max. Qty.	No. of Rpts.	Dispensed Price for Max. Qty.	Manufacturer
	GLYCERIN				
7664	Cream Oily P.L.	100 G.	1	0 9 5	Extemp.
1453	†Glycerin 4 fl. oz.	1	1	†0 3 6	WD(N)
				†0 4 3	DH
1454	(with instructions for use)				WD(N)
					DH
1455	†Suppository for Adults	12	1	†0 4 6	DH, FA
1456	(with instructions for use)				DH, FA
	†Suppository for Children				
1457	1 G. Glycerin	12	1	†0 4 6	DH, FA
1458	(with instructions for use)				DH, FA
	GLYCERYL TRINITRATE				
1459	Oral Tablet 0.6 mg.	100	2	0 5 0	BW, DH, FA, HX
	GOATS MILK - DEHYDRATED				
	See Restricted Benefits.				
	GRISEOFULVIN				
	See Restricted Benefits.				
	GUANETHIDINE				
	Oral Tablet				
1461	10 mg.	100	2	1 15 2 (ex 500)	CB
				1 18 0 (ex M.P.)	CB

1462	25 mg.	100	2	3 17 11 (ex 500) 4 7 0 (ex M.P.)	CB CB
	HALIBUT LIVER OIL See Restricted Benefits.				
	HAMAMELIS				
7570	Ointment Compound P.L.	100 G.	1	0 12 2	Extemp.
	HAMAMELIS with ZINC OXIDE				
1465	Suppository 200 mg.-600 mg.	12	1	0 19 0	AN, HY
	HEPARIN Injection				
1466	1,000 Units per ml., 5 ml.	5	..	*1 11 4	BT, CS, EV, WP(NVW)
1467	5,000 Units in 1 ml.	5	..	*1 11 3 1 11 4 *1 11 4	WP(NVW) BT CS, EV
1468	5,000 Units per ml., 5 ml.	2	..	*1 16 4	BT, CS, DH, EV, WP(NVW)
1469	12,500 Units in 1 ml.	2	..	*1 3 0	BT, CS, EV
	HEPARIN RETARD				
1470	Injection 10,000 Units per ml., 2 ml.	5	..	7 16 7	BT
	HEXOCYCLIUM METHYLSULPHATE (Hexocyclium) Oral Tablet				
1471	25 mg.	100	2	2 16 4	AB

Code No.	Approved Name, Manner of Administration, Restriction and Form	Max. Qty.	No. of Rpts.	Dispensed Price for Max. Qty.	Manufacturer
	HEXOCYCLIUM METHYLSULPHATE - cont.				
1472	50 mg.	100	2	4 19 0	AB
	HISTAMINE ACID PHOSPHATE				
	Injection				
1474	1 mg. in 1 ml.	5	1	0 9 3	BD
1475	1 mg. per ml., 10 ml.	1	1	0 10 4	BD
	HYALURONIDASE				
	Injection				
1476	1 mg. containing 1,500 Units (solvent required)	5	1	1 15 4	FC
1477	3 mg. containing 1,500 Units (solvent required)	5	1	2 0 7	EV
1478	500 Units (solvent required)	5	1	*2 0 11	WY
1479	Set containing 2 amps each of 350 Units and 2 amps. of solvent	1	1	0 17 3	SC
1480	Set containing 3 amps each of 500 Units and 3 amps. of solvent.	1	1	1 3 0	DF
	HYDRARGAPHEN				
1481	Pessary 5 mg.	15	1	1 3 0	WB
	HYDROCHLOROTHIAZIDE				
	Oral Tablet				
1484	25 mg.	50	2	1 1 9 (ex 250)	CB, DL, GA, MK

	1484 - continued			1 4 0	CB, DL, GA, MK
				(ex M.P.)	
1485	50 mg.	50	2	1 15 5	CB, DL, GA, MK
				(ex 250)	
				1 19 0	CB, DL, GA, MK
				(ex M.P.)	
	HYDROCORTISONE				
	Eye Drops				
1487	0.5%, 2 ml.	‡1	2	0 12 4	SC
1488	0.5%, 5 ml.	‡1	2	0 13 0	KL, PT
				0 14 4	DH
1489	0.5%, 10 ml.	‡1	2	0 15 0	KL, PT
				0 18 4	AN
1490	1%, 3 ml.	‡1	2	0 13 8	SI
				0 17 0	GL, RL
1491	1%, 5 ml.	‡1	2	0 14 4	KL, PT
1492	1%, 10 ml.	‡1	2	0 18 7	KL, PT, SI
				1 2 4	AN, IQ
1493	2.5%, 5 ml.	‡1	2	0 19 8	KL, PT, SI
				1 1 8	DH
1494	2.5%, 10 ml.	‡1	2	1 2 4	KL, PT, SI
				1 7 0	AN, IQ
	Eye Ointment				
1495	0.5%, 3 G.	‡1	..	0 9 8	GL, HA, RL
1496	0.5%, 4 G.	‡1	..	0 10 0	DH, KL, PT
				0 11 0	AN, CO, PF, UP
1497	0.5%, 5 G.	‡1	..	0 11 0	SI
2441	1%, 5 G.	‡1	..	0 16 4	SI
	Injection - See Restricted Benefits.				

Code No.	Approved Name, Manner of Administration, Restriction and Form	Max. Qty.	No. of Rpts.	Dispensed Price for Max. Qty.	Manufacturer
	HYDROCORTISONE ACETATE See Restricted Benefits.				
	HYDROCORTISONE with NEOMYCIN				
2375	Eye Drops (0.5%-0.5%), 5 ml.	‡1	2	0 13 0	SI
1500	Eye Ointment (0.5%-0.5%) 250 mg. capsule	12	..	0 12 4	CK
	HYDROCORTISONE SODIUM SUCCINATE See Restricted Benefits.				
	HYDROFLUMETHIAZIDE				
1503	Oral Tablet 50 mg.	50	2	1 18 1	BC, BT, GL, SQ
	HYDROGEN PEROXIDE SOLUTION †10 Vol.				
1504	4 fl. oz.	1	..	†0 2 0	FA, WD(N)
1505	(with instructions for use)				FA, WD(N)
1506	8 fl. oz.	1	..	†0 2 8	FA, WD(N)
1507	(with instructions for use)				FA, WD(N)
	†20 Vol.				
1508	4 fl. oz.	1	..	†0 2 6	DH, WD(N)
1509	(with instructions for use)				DH, WD(N)
7644	Ear Drops P.L.	15 ml.	2	0 6 10	Extemp.
	HYDROXOCOBALAMIN See Restricted Benefits.				

	HYDROXYCHLOROQUINE				
1512	Oral Tablet 200 mg.	100	2	2 4 4	WL
	HYDROXYPROGESTERONE CAPROATE				
	See Restricted Benefits.				
	HYOSCINE HYDROBROMIDE				
	Injection				
1514	0.4 mg.	5	..	0 9 1	FH, KL
				0 9 7	BL, BT
				0 9 8	BX
1515	0.6 mg.	5	..	0 9 1	FH, KL
				0 9 7	BL, BT
				0 9 8	BX
1516	0.8 mg.	5	..	0 9 1	KL
				0 9 7	BL
	Hypo Tablet				
1517	1/200 gr. (solvent required)	20	1	0 5 8	PD
1518	1/150 gr. (solvent required)	20	1	0 5 8	DH, PD
1519	1/100 gr. (solvent required)	20	1	0 6 0	DH, FA, PD
1520	Oral Tablet 0.6 mg.	100	2	0 8 4	DH, HY
	HYOSCINE METHOBROMIDE				
1521	Oral Tablet 2.5 mg.	100	2	2 12 4	AN
				2 16 4	UP

Code No.	Approved Name, Manner of Administration, Restriction and Form	Max. Qty.	No. of Rpts.	Dispensed Price for Max. Qty.	Manufacturer
	ICHTHAMMOL				
7645	Ear Drops P.L.	15 ml.	2	0 7 9	Extemp.
7562	Paint P.L.	25 ml.	1	0 8 2	Extemp.
1522	Pessary, 5%	12	1	0 19 0	AN, HY
	ICHTHAMMOL and ZINC				
7665	Cream Oily P.L.	100 G.	1	0 10 3	Extemp.
	IDOXURIDINE				
2442	Eye Drops 0.1%, 15 ml.	‡1	2	1 15 0	SK
	IMIPRAMINE See Restricted Benefits.				
	INSULIN				
	Injection				
1523	20 Units per ml., 10 ml.	10	2	*1 16 8	BW, CS
1524	40 Units per ml., 5 ml.	10	2	*1 16 8	BW, GL
1525	40 Units per ml., 10 ml.	10	2	*3 9 2	BT, BW, CS, EV, GL, WP(NVW)
1526	80 Units per ml., 5 ml.	10	2	*3 9 2	BT, BW, GL
1527	80 Units per ml., 10 ml.	10	2	*6 0 0	BT, BW, CS, EV, WP(NVW)
1528	100 Units per ml., 5 ml.	10	2	*5 8 4	CS
1529	160 Units per ml., 10 ml.	10	2	*10 15 0	CS
1530	300 Units per ml., 5 ml.	10	2	*12 0 0	CS
	Injection (specially purified)				
1531	40 Units per ml., 10 ml.	10	2	*4 8 4	CS

	INSULIN GLOBIN ZINC				
	Injection				
1532	40 Units per ml., 5 ml.	10	2	*2 1 8	BT, BW
1533	80 Units per ml., 5 ml.	10	2	*3 15 0	BT, BW
	INSULIN ISOPHANE (N.P.H.)				
	Injection				
1534	40 Units per ml., 10 ml.	10	2	*4 10 0	BT, BW, CS, GL
1535	80 Units per ml., 10 ml.	10	2	*8 10 0	BT, BW, CS, GL
1536	160 Units per ml., 10 ml.	10	2	*11 5 10	CS
	Injection (specially purified)				
1537	40 Units per ml., 10 ml.	10	2	*5 0 10	CS
	INSULIN PROTAMINE ZINC				
	Injection				
1538	40 Units per ml., 5 ml.	10	2	*2 1 8	BT, BW
1539	40 Units per ml., 10 ml.	10	2	*3 15 0	BT, BW, CS, EV, GL WP(NVW)
1540	80 Units per ml., 5 ml.	10	2	*3 15 0	BT, BW, GL, WP(NVW)
1541	80 Units per ml., 10 ml.	10	2	*6 13 4	BW, CS, EV, WP(NVW)
	INSULIN SPECIAL P (PIG)				
1542	Injection 40 Units per ml., 10 ml.	10	2	*5 5 0	CS
	INSULIN ZINC SUSPENSION (IZS)				
	Injection				
1543	40 Units per ml., 10 ml.	10	2	*4 10 0	BT, BW, CS, EV, GL
1544	80 Units per ml., 10 ml.	10	2	*8 10 0	BT, BW, CS, EV, GL

Code No.	Approved Name, Manner of Administration, Restriction and Form	Max. Qty.	No. of Rpts.	Dispensed Price for Max. Qty.	Manufacturer
	INSULIN ZINC SUSPENSION (AMORPHOUS) (Amorph IZS) Injection				
1545	40 Units per ml., 10 ml.	10	2	*4 10 0	BT, BW, CS, EV, GL
1546	80 Units per ml., 10 ml.	10	2	*8 10 0	BT, BW, CS, EV, GL
	INSULIN ZINC SUSPENSION (CRYSTALLINE) (Cryst IZS) Injection				
1547	40 Units per ml., 10 ml.	10	2	*4 10 0	BT, BW, CS, EV, GL
1548	80 Units per ml., 10 ml.	10	2	*8 10 0	BT, BW, CS, EV, GL
	INTRAVENOUS FLUIDS (1/2 litre and 1 litre) See Special Section				
	IODOCHLORHYDROXYQUINOLINE (Iochlorquin)				
1549	Oral Tablet 250 mg.	100	2	1 2 4	CB
	IPECACUANHA and SQUILL				
7518	Mixture for Children P.L.	100 ml.	4	0 8 0	Extemp.
	IRON AMINOATES				
1550	Oral Tablet 350 mg.	100	2	0 12 4	MR

	IRON DEXTRAN							
	Injection I.M.							
1298	2 ml.	5	..	1	19	0	FC	
1299	5 ml.	5	..	3	5	0	FC	
	IRON OXIDE SACCHARATED							
1551	Injection I.V. Equivalent to 20 mg.							
	Elemental Iron per ml., 5 ml.	5	..	1	0	9	EV	
				1	2	3	FC	
				*1	4	6	CK	
	IRON SORBITOL COMPLEX							
1552	Injection, Trivalent Iron 2 ml.	5	..	2	3	0	AP	
	ISONIAZID							
	See Restricted Benefits.							
	ISOPRENALINE HYDROCHLORIDE							
1555	Inhalation 1 in 200, 1/2 fl. oz.	1	1	0	6	4	WL	
1556	Injection 1 in 5,000, 1 ml.	5	..	2	1	4	WL	
1557	Oral Tablet 10 mg.	100	2	0	14	4	KL, WL	
	ISOPRENALINE SULPHATE							
1558	Inhalation 10 mg. per ml., 7 ml.	1	1	0	7	4	BW	
1559	Oral Tablet 20 mg.	100	2	0	19	0	AB, BW, KL	
				0	19	8	MJ	

Code No.	Approved Name, Manner of Administration, Restriction and Form	Max. Qty.	No. of Rpts.	Dispensed Price for Max. Qty.	Manufacturer
	ISOPROPAMIDE IODIDE				
1560	Oral Tablet 5 mg.	100	2	2 8 7	SK
				(ex 500)	
				2 12 4	SK
				(ex M.P.)	
	ISOTHIPENDYL HYDROCHLORIDE				
1561	Oral Tablet 4 mg.	50	2	0 13 0	IC
	KANAMYCIN				
	See Restricted Benefits.				
	KAOLIN				
9847	Dusting Powder Compound P.L.	100 G.	1	0 8 10	Extemp.
	KAOLIN and OPIUM				
7503	Mixture P.L.	200 ml.	4	0 10 0	Extemp.
	LANATOSIDE-C				
1565	Oral Tablet 0.25 mg.	100	2	1 5 8	SZ
				(ex 500)	
				1 8 8	SZ
				(ex M.P.)	
	LEVORPHANOL TARTRATE				
	See Restricted Benefits.				

	LIOTHYRONINE.						
	See Restricted Benefits.						
	LYPRESSIN						
	See Restricted Benefits.						
	MAGENTA						
7565	Paint P.L.	25 ml.	1	0	8	5	Extemp.
	MAGNESIUM BICARBONATE SOLUTION						
1570	†Solution 8 fl. oz.	1	4	†0	3	9	FA
1571	(with instructions for use)						FA
	MAGNESIUM and CALCIUM CARBONATE						
7549	Internal Powder P.L.	100 G.	2	0	9	7	Extemp.
	MAGNESIUM HYDROXIDE MIXTURE						
1572	†Mixture 6 fl. oz.	1	4	†0	3	0	DH, FA
1573	(with instructions for use)						DH, FA
	MAGNESIUM SULPHATE						
1574	†Crystals 1 lb.	1	..	†0	1	6	FA, WD(N)
1575	(with instructions for use)						FA, WD(N)
	Paste						
1576	4 oz.	‡1	1	0	7	5	DH, FA
1577	2 oz.	‡1	1	0	5	4	DH
				0	5	6	FA
7519	Mixture for Children P.L.	100 ml.	4	0	6	11	Extemp.

Code No.	Approved Name, Manner of Administration, Restriction and Form	Max. Qty.	No. of Rpts.	Dispensed Price for Max. Qty.	Manufacturer
	MAGNESIUM TRISILICATE				
1578	Oral Tablet 600 mg.	100	2	0 11 0	DH
7504	Mixture P.L.	200 ml.	4	0 7 11	Extemp.
	MAGNESIUM TRISILICATE and BELLADONNA				
7548	Internal Powder, P.L.	100 G.	2	0 10 0	Extemp.
	MEBHYDROLIN NAPADISYLATE				
	Oral Tablet				
1579	50 mg.	50	1	0 15 8	FB
2406	150 mg. (sustained release)	50	1	1 16 4	FB
	Oral Paediatric Suspension				
1580	50 mg. per 5 ml., 100 ml.	‡1	4	0 10 3	FB
	MECAMYLAMINE				
	Oral Tablet				
1581	2.5 mg.	100	2	1 3 0	MK
1582	10 mg.	100	2	3 19 0	MK
	MECLOZINE				
1583	Oral Tablet 25 mg.	50	1	0 17 8	BD
	MEDROXYPROGESTERONE				
	See Restricted Benefits.				
	MELARSOPROL				
2432	Injection 3.6% solution 5 ml.	10	..	2 7 8	MB

	MENAPHTHONE				
	Aqueous Injection				
1585	1 mg. in 1 ml.	5	1	0 10 9	PD
1586	5 mg. in 1 ml.	5	1	0 11 4	BX
				0 11 5	AD, FM
1587	10 mg. in 1 ml.	5	1	0 9 0	GL
				0 12 0	AD, BL, BX, FM, RO
1588	75 mg. in 1 ml.	5	1	0 19 3	BL
				0 19 4	BX
	Oily Injection				
1589	5 mg. in 1 ml.	5	1	0 12 0	AD
1590	10 mg. in 1 ml.	5	1	0 12 7	AD
	MENTHOL and BENZOIN				
7484	Inhalation P.L.	50 ml.	1	0 11 3	Extemp.
	MENTHOL and EUCALYPTUS				
7494	Inhalation P.L.	50 ml.	1	0 7 6	Extemp.
	MENTHOL and PINE				
7483	Inhalation P.L.	50 ml.	1	0 8 11	Extemp.
	MEPACRINE HYDROCHLORIDE				
1591	Oral Tablet 100 mg.	100	2	0 10 5	IC
	MEPHENTERMINE				
1592	Injection 10 ml.	1	..	1 4 0	WY

Code No.	Approved Name, Manner of Administration, Restriction and Form	Max. Qty.	No. of Rpts.	Dispensed Price for Max. Qty.	Manufacturer
	MEPYRAMINE MALEATE				
1593	Injection 2.5%, 2 ml.	10	..	0 14 0	MB
	Oral Paediatric Elixir				
1594	25 mg. per 3.6 ml., 125 ml.	‡1	4	0 7 4	MB
	Oral Tablet				
1595	50 mg.	50	1	0 8 4	MB
1596	100 mg.	50	1	0 11 0	MB
	MERCAPTOMERIN SODIUM				
1597	Injection 1.4 G. in 10 ml.	3	..	*2 17 9	WY
	MERCAPTOPURINE				
	See Restricted Benefits.				
	MERSALYL				
	Injection				
1601	1 ml.	10	..	*0 16 4	BD, EV, FH
				0 16 9	AD
				*0 17 3	BA
				*0 17 6	BX
1602	2 ml.	10	..	*0 18 6	EV, FH
				*0 19 0	BD
				0 19 3	AD, BL
				*0 19 8	BX
				*0 19 10	BT, VR
	MESTANOLONE				
	See Restricted Benefits.				

	METARAMINOL				
1604	Injection 10 mg. in 1 ml.	3	..	*0 15 0	MK
	METFORMIN				
	Oral Tablet				
2430	500 mg.	100	2	*4 13 8	RN
1605	500 mg. (sustained release)	100	2	4 12 4	DF
	METHACYCLINE				
	See Restricted Benefits.				
	METHADONE				
	Injection				
1606	10 mg. in 1 ml.	5	..	0 10 9	BW, MJ
1607	10 mg. per ml., 10 ml.	1	..	0 11 11	MJ
	Oral Tablet				
1608	5 mg.	25	..	0 7 0	BW, DH, MJ
1609	10 mg.	25	..	0 8 4	BA, BW, MJ
	METHANDIENONE				
	See Restricted Benefits.				
	METHAZOLAMIDE				
1613	Oral Tablet 50 mg.	50	4	*3 6 2	LE

Code No.	Approved Name, Manner of Administration, Restriction and Form	Max. Qty.	No. of Rpts.	Dispensed Price for Max. Qty.	Manufacturer
	METHDILAZINE HYDROCHLORIDE				
	Oral Tablet				
1614	4 mg.	50	1	0 14 4	BD, MJ
1615	8 mg.	50	1	0 17 0	BD, MJ
	Oral Paediatric Syrup				
1616	4 mg. per 5 ml., 4 fl. oz.	‡1	4	0 11 8	BD
2464	4 mg. per 5 ml., 100 ml.	‡1	4	0 11 8	MJ
	METHENAMINE MANDELATE				
	Oral Tablet				
1617	250 mg.	100	2	0 14 4	HA, WW
1618	500 mg.	100	1	1 1 8	WW
	METHENOLONE ACETATE				
	See Restricted Benefits.				
	METHOIN				
1621	Oral Tablet 100 mg.	200	1	1 7 4	SZ
	METHOTREXATE				
	See Restricted Benefits.				
	METHOXAMINE HYDROCHLORIDE				
1623	Injection 20 mg. in 1 ml.	3	..	*0 11 11	BW
	METHSUXIMIDE				
2398	Oral Capsule 300 mg.	200	1	3 19 0	PD

	METHYCLOTHIAZIDE				
	Oral Tablet				
1624	2.5 mg.	50	2	1 1 8	AB
1625	5 mg.	50	2	1 11 8	AB
	METHYLAMPHETAMINE				
1626	Injection 20 mg. per ml., 1.5 ml.	5	1	0 12 0	BW
1627	Oral Tablet 5 mg.	100	2	0 9 7	PT, QE(QNVS)
				0 11 1	KL
				0 12 1	PH
				0 13 0	AB
				0 14 1	BW, VR
				(ex 500)	
				0 10 0	PT
				0 10 4	QE(QNVS)
				0 12 4	KL
				0 15 0	AB, BW, PH, VR
				(ex M.P.)	
	METHYLCELLULOSE				
	Eye Drops				
1628	1 gr. in 1/2 fl. oz.	‡1	6	0 10 1	IQ, KL, SI
	METHYLDOPA				
1629	Oral Tablet 250 mg.	100	2	3 3 1	MK
				(ex 500)	
				3 9 8	MK
				(ex M.P.)	

Code No.	Approved Name, Manner of Administration, Restriction and Form	Max. Qty.	No. of Rpts.	Dispensed Price for Max. Qty.	Manufacturer
	METHYLERGOMETRINE MALEATE				
	Injection				
1631	0.2 mg. in 1 ml.	5	..	0 13 4	SZ
1632	Oral Tablet 0.125 mg.	25	1	1 2 8	SZ
	METHYL PHENOBARBITONE				
	Oral Tablet				
1633	30 mg.	200	1	0 9 0	AD, BA, DH, FA, KL, MG, PH, RT(V), RY, SI
1634	60 mg.	200	1	0 12 0	AD, BA, DH, FA, KL, MG, PH, RT(V), RY, SI
1635	200 mg.	200	1	1 4 0	AD, BA, DH, FA, KL, MG, RT(V), RY, SI
	METHYL SALICYLATE				
7481	Liniment P.L.	100 ml.	1	0 11 2	Extemp.
7480	Liniment Compound P.L.	100 ml.	1	0 12 2	Extemp.
	METRONIDAZOLE				
1636	Oral Tablet 200 mg.	21	..	1 8 4	MB
	MILK POWDER--SYNTHETIC				
	See Restricted Benefits.				

	MORPHINE with ATROPINE				
	Hypo. Tablet - Morphine Sulphate with Atropine Sulphate				
1650	1/12 gr.-1/150 gr. (solvent required)	20	..	0 5 8	DH
1651	1/8 gr.-1/150 gr. (solvent required)	20	..	0 6 0	DH
1652	1/6 gr.-1/180 gr. (solvent required)	20	..	0 6 4	DH
1653	1/6 gr.-1/150 gr. (solvent required)	20	..	0 6 4	DH, FA
1654	1/4 gr.-1/150 gr. (solvent required)	20	..	0 6 8	DH, FA, PD
1655	1/4 gr.-1/120 gr. (solvent required)	20	..	0 6 8	DH
1656	1/4 gr.-1/100 gr. (solvent required)	20	..	0 6 8	DH, FA
	Injection - Morphine Sulphate with Atropine Sulphate				
1657	1/6 gr.-1/150 gr. in 1 ml.	5	..	0 10 3	FH
				0 10 9	BL
				0 10 11	BT, BX
1658	1/6 gr.-1/120 gr. in 1 ml.	5	..	0 10 11	BX
1659	1/4 gr.-1/150 gr. in 1 ml.	5	..	0 10 3	FH, KL
				0 10 9	AD, BL
				0 10 11	BT, BX
1660	1/4 gr.-1/150 gr. per ml., 10 ml.	1	..	0 7 8	PD
1661	1/4 gr.-1/100 gr. in 1 ml.	5	..	0 10 3	FH
				0 10 9	BL
				0 10 11	BT, BX
	MORPHINE with HYOSCINE				
	Injection - Morphine Sulphate with Hyoscine Hydrobromide				
1662	1/4 gr.-1/100 gr. in 1 ml.	5	..	0 11 0	FH
				0 11 5	BL

Code No.	Approved Name. Manner of Administration, Restriction and Form	Max. Qty.	No. of Rpts.	Dispensed Price for Max. Qty.	Manufacturer
	MORPHINE SULPHATE				
	Hypo. Tablet				
1638	1/12 gr. (solvent required)	20	..	0 6 0	DH
1639	1/8 gr. (solvent required)	20	..	0 6 4	DH, PD
1640	1/6 gr. (solvent required)	20	..	0 6 4	DH, FA, PD
1641	1/4 gr. (solvent required)	20	..	0 6 8	DH, FA, PD
1642	1/3 gr. (solvent required)	20	..	0 7 0	DH
1643	1/2 gr. (solvent required)	20	..	0 8 0	DH, FA, PD
	Injection				
1644	10 mg. in 1 ml.	5	..	0 9 8	FH, KL
				0 10 3	AD, BL, BT, BX
1645	15 mg. in 1 ml.	5	..	0 9 8	FH, KL
				0 10 3	AD, BL, BT, BX
1646	20 mg. in 1 ml.	5	..	0 9 8	FH, KL
				0 10 3	BL, BX
1647	30 mg. in 1 ml.	5	..	0 9 8	FH, KL
				0 10 3	BL, BT, BX
1648	15 mg. per ml., 10 ml.	1	..	0 7 8	PD
1649	30 mg. per ml., 10 ml.	1	..	0 9 8	BX, FA
	MORPHINE with TACRINE				
	Injection				
1663	15 mg.-13 mg. in 1.5 ml.	5	..	0 19 8	WH
1664	30 mg.-13 mg. in 1.5 ml.	5	..	1 0 4	WH
1665	15 mg.-30 mg. in 1.5 ml.	5	..	1 5 0	WH
1666	30 mg.-30 mg. in 1.5 ml.	5	..	1 6 4	WH
	Tablet - See Restricted Benefits.				

	MUSTINE. HYDROCHLORIDE See Restricted Benefits.				
	NALORPHINE Injection				
1669	10 mg. in 1 ml.	5	1	1 1 0	BW
1670	1 mg. per ml., 5 ml.	1	..	0 12 0	BW
	NANDROLONE DECANOATE See Restricted Benefits.				
	NANDROLONE PHENYLPROPIONATE See Restricted Benefits.				
	NEOMYCIN SULPHATE Eye Drops				
1673	0.5% (0.35% Neomycin Base) 10 ml.	‡1	2	0 9 8	DH, IQ, KL, SI
	NEOMYCIN SULPHATE MIXTURE Mixture				
1674	300 mg. per fl. oz. with Adsorbent, 4 fl. oz.	‡1	..	0 18 8 1 1 0	LF, PT LY, MK, UP, WY
2433	300 mg. per 20 ml. with Adsorbent, 100 ml.	‡1	..	0 19 0 1 1 0	SI DH, MJ, MR, NS

Code No.	Approved Name, Manner of Administration, Restriction and Form	Max. Qty.	No. of Rpts.	Dispensed Price for Max. Qty.	Manufacturer
	NEOSTIGMINE				
1675	Oral Tablet 15 mg.	100	2	1 5 0	RO
	Injection				
1676	0.5 mg. in 1 ml.	5	3	0 8 4	RO
1677	2.5 mg. in 1 ml.	5	3	0 13 0	RO
1678	2.5 mg. per ml., 5 ml.	1	1	0 9 8	RO
1679	Eye Drops 3%, 7.5 ml.	‡1	6	0 14 1	RO
	NICLOSAMIDE				
1680	Oral Tablet 500 mg.	4	..	0 17 8	FB
	NICOTINIC ACID				
	See Restricted Benefits.				
	NICOTINYL ALCOHOL				
2443	Oral Tablet 25 mg.	100	2	0 13 8	RO
	NICOUMALONE				
1688	Oral Tablet 4 mg.	50	2	1 13 8	GE
	NITROFURANTOIN				
	See Restricted Benefits.				
	NITROMIN				
	See Restricted Benefits.				

	NORADRENALINE ACID TARTRATE				
	Injection				
1694	1 in 1,000, 2 ml.	5	..	1 3 0	FH
				1 13 8	WL
1695	1 in 10,000, 2 ml.	5	..	1 14 4	WL
	NYSTATIN				
	See Restricted Benefits.				
	OESTRADIOL BENZOATE				
1698	Injection 2 mg. in 1 ml.	5	1	1 6 4	BD
				1 8 3	KL
	OESTRADIOL DIPROPIONATE				
1699	Injection 5 mg. in 1 ml.	5	1	1 16 4	CB
	OESTRONE				
	Pessary				
1700	1,000 Units	12	1	0 18 9	OR
				0 19 0	BD
1701	10,000 Units	12	1	1 10 8	OR
	OILY CREAM				
9556	Cream P.L.	100 G.	1	0 11 4	Extemp.

Code No.	Approved Name, Manner of Administration, Restriction and Form	Max. Qty.	No. of Rpts.	Dispensed Price for Max. Qty.	Manufacturer
	OLIVE OIL				
1702	†2 oz.	1	..	†0 2 0	WD(N)
				†0 2 6	SI(V)
1703	(with instructions for use)				WD(N)
					SI(V)
1704	†4 oz.	1	..	†0 3 6	WD(N)
1705	(with instructions for use)				WD(N)
1706	†5 oz.	1	..	†0 4 6	DH, SI(V)
1707	(with instructions for use)				DH, SI(V)
1708	†8 oz.	1	4	†0 6 0	WD(N)
1709	(with instructions for use)				WD(N)
	OXYMESTERONE				
	See Restricted Benefits.				
	OXYPHENCYCLIMINE HYDROCHLORIDE				
1712	Oral Tablet 10 mg.	100	2	3 9 8	PF
	OXYPHENONIUM BROMIDE				
	Oral Tablet				
1713	5 mg.	100	2	1 7 0	CB
1714	10 mg.	100	2	2 5 8	CB

	OXYTETRACYCLINE				
1725	Ophthalmic Suspension 1%, 6 ml.	‡1	2	0 10 1	PF
	Capsules - See Restricted Benefits.				
	Drops - See Restricted Benefits.				
	Injections - See Restricted Benefits.				
	Suspensions - See Restricted Benefits.				
	Tablets - See Restricted Benefits.				
	OXYTETRACYCLINE with POLYMYXIN B				
	Eye Ointment				
1726	0.5%-10,000 Units per G. 60 gr.	‡1	..	0 6 1	PF
	OXYTOCIN				
	Injection				
1727	2 Units in 2 ml.	5	..	0 9 8	SZ
1728	5 Units in 0.5 ml.	5	..	0 12 0	PD
1729	5 Units in 1 ml.	5	..	0 12 0	SZ
1730	10 Units in 1 ml.	5	..	0 16 8	PD, SZ
	Nasal Spray - See Restricted Benefits.				
	OXYTOCIN with ERGOMETRINE				
	Injection				
2400	5 Units and 0.5 mg. in 1 ml.	5	..	0 12 4	SZ
	PANCREATIN CONCENTRATE				
	See Restricted Benefits.				
	PANCREATIN ENZYME				
	See Restricted Benefits.				

Code No.	Approved Name, Manner of Administration, Restriction and Form	Max. Qty.	No. of Rpts.	Dispensed Price for Max. Qty.	Manufacturer
	PAPAVERETUM				
	Hypo. Tablet				
1737	20 mg. (solvent required)	20	..	*0 7 10	RO
	Injection				
1738	10 mg. in 1 ml.	5	..	0 10 3	BL
1739	20 mg. in 1 ml.	5	..	0 9 8	FH
				0 10 3	BL, BT, BX
				0 10 4	RO
1740	Oral Tablet 10 mg.	20	..	0 6 1	HY
				0 7 0	RO
	PAPAVERETUM with HYOSCINE HYDROBROMIDE				
1741	Injection 20 mg.-0.43 mg. in 1 ml.	5	..	0 10 3	FH
				0 10 8	RO
				0 10 9	BL, BT
	PAPAVERINE HYDROCHLORIDE				
	Injection				
1742	20 mg. in 1 ml.	5	..	0 10 3	KL
1743	120 mg. in 10 ml.	5	..	0 16 4	FH, KL
				0 17 5	HA
				0 17 8	BX
	PARA-AMINOSALICYLIC ACID				
	See Restricted Benefits.				

	PARACETAMOL				
	Oral Tablet				
‡1745	300 mg.	50	1	0 8 4	KL, NY(QNSWT)
1746	500 mg.	50	1	0 8 1	PT
				0 8 3	HY, SL
				0 8 11	CA, FM, KL, RY, TO, VR, WL
				(ex 250)	
				0 9 0	PT
				0 9 4	SL
				0 9 5	CA, FM, HY, KL, RY, TO, VR, WL
				(ex M.P.)	
	Oral Paediatric Suspension				
1747	120 mg. per 5 ml., 100 ml.	‡1	4	0 8 11	PT
				0 9 5	CA, KL, WL
	PARAFFIN LIQUID				
	†Liquid Paraffin				
1748	8 fl. oz.	1	4	†0 2 3	FA, WD(N)
				†0 2 6	DH, RT(V)
1749	(with instructions for use)				FA, WD(N)
					DH, RT(V)
	Emulsions - See Restricted Benefits.				

Code No.	Approved Name, Manner of Administration, Restriction and Form	Max. Qty.	No. of Rpts.	Dispensed Price for Max. Qty.	Manufacturer
	PARALDEHYDE				
	Injection				
1754	5 ml.	5	1	0 12 5	FH
				0 13 3	BL
				0 13 4	BX.
1755	10 ml.	5	1	0 16 4	FH
				0 17 4	BX
				0 17 5	BL
	PARAMETHADIONE				
1756	Oral Capsule 300 mg.	200	1	6 14 4	AB
	PARAMETHASONE ACETATE				
	See Restricted Benefits.				
	PEMPIDINE TARTRATE				
	Oral Tablet				
1759	5 mg.	100	2	*1 11 8	IC, MB
1760	10 mg.	100	2	*2 13 8	IC
	PENICILLAMINE				
	See Restricted Benefits.				
	PENICILLINASE				
2355	Injection 800,000 Units (solvent required)	1	..	5 13 0	RK
1762	Injection Set containing 800,000 Units and 1 ml. of solvent	1	..	5 3 0	CS

	PENICILLIN BENETHAMINE COMPOUND (Benethamine Penicillin, Procaine Penicillin and Sodium Penicillin)				
1763	Injection - 500,000 Units; 250,000 Units; 500,000 Units, Vial (solvent required)	1	..	0 10 3	GL
1764	Set containing vial and 2 ml. water for injection.	1	..	0 10 11	GL
	PENICILLIN, BENZATHINE				
1765	Oral Capsule 200,000 Units	100	1	2 13 0	CS
1766	Oral Tablet 200,000 Units	100	1	2 11 7 (ex 500)	CS, WY
				2 13 0 (ex M.P.)	CS, WY
	PENICILLIN BENZATHINE COMPOUND (Benzathine Penicillin, Procaine Penicillin and Potassium Penicillin)				
1767	Injection - set containing 1 vial 600,000 Units; 300,000 Units; 300,000 Units; and 2 ml. water for injection	1	..	0 12 4	WY
	PENICILLIN, BENZYL (Penicillin G.)				
	Oral Tablet				
1768	200,000 Units.	100	1	2 0 4	AB, GL
1769	400,000 Units.	100	1	3 12 4	AB, GL

Code No.	Approved Name, Manner of Administration, Restriction and Form	Max. Qty.	No. of Rpts.	Dispensed Price for Max. Qty.	Manufacturer
	PENICILLIN, BENZYL - cont.				
	Oral Capsule				
1770	200,000 Units.	100	1	2 0 4	GL
1771	400,000 Units.	100	1	3 12 4	AB, EV, GL
	Injection -				
1772	100,000 Units. (solvent required)	5	..	*0 12 7	GL, SI
1773	200,000 Units. (solvent required)	5	..	*0 13 0	GL, SI
1774	500,000 Units. (solvent required)	5	..	*0 18 0	BT, CS, DH, EV, GL, SI
1775	1,000,000 Units. (solvent required)	5	..	*1 0 11	BT, CS, DH, DL, EV, GL, SI
1776	1,500,000 Units. (solvent required)	5	..	*1 9 8	DH, EV, GL, SI
1777	Set containing 1 vial 500,000 Units and 2 ml. water for injection.	5	..	*1 1 4	BT, CS, DH, EV, GL
1778	Set containing 1 vial 1,000,000 Units and 2 ml. water for injection	5	..	*1 4 3	BT, CS, DH, EV, GL
1779	Set containing 1 vial 1,500,000 Units and 2 ml. water for injection.	5	..	*1 13 0	DH, GL
	Eye Drops				
1780	Set containing 30,000 Units and 15 ml. solvent	‡1	2	$0 10 10	SI
1781	Eye Ointment 2,000 Units per G., 4 G.	‡1	..	0 5 4	DH, SI
	PENICILLIN, PHENOXYMETHYL (Penicillin V)				
	Injection -				
1782	Set containing 1 vial 800,000 Units and 2 ml. water for injection	1	..	1 4 4	KL

	Oral Paediatric Suspension				
2356	125 mg. per 5 ml., 100 ml.	‡1	..	1 1 4	DH, SI
				1 3 0	AB, BT, CS, DL, FA, GL, KL, LY, MJ, VR, WY
1784	Oral Paediatric Sachet 125 mg.	16	..	0 17 5	IQ, LY
				1 0 9	KL
	Oral Tablet				
1785	60 mg.	24	..	0 11 1	AB, CS, DF(N), DL, FM, LY
				0 13 0	KL
1786	125 mg.	24	..	0 14 8	PT
				0 15 11	AB, BT, CS, DF(N), DH, DL, FA, FM, GL, HY, LY, MJ, SI, VR
				0 18 10 (ex 100)	KL
				0 16 7	HY, PT
				0 17 0	AB, BT, CS, DF(N), DH, DL, FA, FM, GL, LY, MJ, SI, VR
				1 0 3 (ex M.P.)	KL
1787	250 mg.	12	1	0 14 1	PT, SL
				0 15 1	AB, BT, CS, DF(N), DH, DL, FA, FM, GL, HY, LY, MJ, SI, VR
				0 17 10 (ex 100)	KL

Code No.	Approved Name, Manner of Administration, and Form	Max. Qty.	No. of Rpts.	Dispensed Price for Max. Qty.	Manufacturer
	PENICILLIN, PHENOXYMETHYL - cont.				
	1787 - continued			0 15 8	PT, SL
				0 16 4	AB, BT, CS, DF(N), DH, DL, FA, FM, GL, HY, LY, MJ, SI, VR
				0 19 1 (ex M.P.)	KL
	Oral Capsule				
1788	125 mg.	24	..	0 17 0	AB, BT, CS, DL, FA, FM, GL, LY, SI, VR
				0 18 8	KL
1789	250 mg.	12	1	0 15 1	AB, BT, CS, DL, FA, FM, GL, LY, SI, VR
				0 16 5 (ex 100)	KL
				0 16 4	AB, BT, CS, DL, FA, FM, GL, LY, SI, VR
				0 17 8 (ex M.P.)	KL
	PENICILLIN PROCAINE (Aqueous Suspension) Injection -				
1790	300,000 Units	5	..	*1 1 4	BT
1791	600,000 Units	5	..	*1 6 9	BT
				*1 8 5	FA
1792	900,000 Units	5	..	*1 10 11	EV, GL
				*1 12 7	CS, SI

1793	1,000,000 Units	5	..	*1 14 8 *1 16 4	BT, CS, DH, FA, SI, VR AB
1794	1,500,000 Units	5	..	*2 4 3	CS, DH, EV, FA, SI, VR
	(Crystalline) Injection -				
1795	300,000 Units (solvent required)	5	..	*0 18 0	CS
1796	900,000 Units (solvent required)	5	..	*1 7 7	CS, DL, SI
1797	1,500,000 Units (solvent required)	5	..	*1 17 7	CS, SI
1798	Set containing 1 vial 300,000 Units and 1 vial water for injection	5	..	*1 1 4	CS
1799	Set containing 1 vial 900,000 Units and 1 vial water for injection	5	..	*1 10 11	CS
1800	Set containing 1 vial 1,500,000 Units and 1 vial water for injection	5	..	*2 0 11	CS
	PENICILLIN PROCAINE FORTIFIED Injection				
1801	400,000 Units (solvent required)	5	..	*0 18 5	CS, SI
1802	1,200,000 Units (solvent required)	5	..	*1 13 5	CS, SI
1803	Set containing 1 vial 400,000 Units and 1 vial water for injection	5	..	*1 1 9	CS
1804	Set containing 1 vial 1,200,000 Units and 1 vial water for injection	5	..	*1 16 9	CS
	PENICILLIN with STREPTOMYCIN See Restricted Benefits.				

Code No.	Approved Name, Manner of Administration, and Form	Max. Qty.	No. of Rpts.	Dispensed Price for Max. Qty.	Manufacturer
	PENTAERYTHRITOL TETRANITRATE (Penthritol) Oral Tablet				
1809	10 mg.	100	2	0 8 4	HY, WW
1810	20 mg.	100	2	0 8 11	LF, WW
				0 9 2 (ex 500)	HY
				0 9 8 (ex M.P.)	HY, LF, WW
1811	30 mg.	100	2	0 10 6	HY
				0 10 10	LF
				0 11 1 (ex 500)	WL
				0 11 0	HY, LF
				0 11 5 (ex M.P.)	WL
1812	80 mg. (Sustained Action)	100	2	0 14 4 (ex 500)	WW
				0 15 0 (ex M.P.)	WW
	PENTHIENATE				
1813	Oral Tablet 5 mg.	100	2	2 1 0	WL
	PENTOBARBITONE COMPOUND				
1819	Oral Capsule, A.P.F.	50	2	0 15 5	PT
				0 15 11 (ex 250)	PD

	1819 - continued			0 17 0	PT
				0 18 8	PD
				(ex M.P.)	
1820	Oral Tablet, A.P.F. Capsule Formula	50	2	0 15 8	CO
	PENTOBARBITONE SODIUM				
	Oral Tablet				
1814	30 mg.	50	2	0 6 0	DH, HY, QE(QNVS), RY
				0 6 8	KL
1815	100 mg.	50	2	0 5 10	MG, SL
				0 5 11	RT(V)
				0 6 0	AD, HY, KL, QE(QNVS), SI
				0 6 5	PR, RY
				0 6 11	TO
				0 7 1	BW, DH , FA
				0 7 5	RD
				0 8 3	AB, GP
				(ex 250)	
				0 6 8	AD, DH, FA, HY, KL, MG, PR, QE(QNVS), RT(V), RY, SI, SL, TO
				0 7 8	BW, RD
				0 8 4	AB, GP
				(ex M.P.)	
	Oral Capsule				
1816	30 mg.	50	2	0 9 8	AB, LF
1817	50 mg.	50	2	0 11 0	LF
				0 12 8	AB
1818	100 mg.	50	2	0 9 6	PT
				0 9 8	LF

Code No.	Approved Name, Manner of Administration, and Form	Max. Qty.	No. of Rpts.	Dispensed Price for Max. Qty.	Manufacturer
	PENTOBARBITONE SODIUM - cont.				
	1818 - continued			0 10 0	FA, KL, MG, RT(V)
				0 10 5	PR
				0 11 2	RY
				0 11 5	PD
				0 12 10	AB
				(ex 250)	
				0 10 4	PT
				0 10 8	LF
				0 10 9	FA, KL, MG, PR, RT(V)
				0 12 1	PD, RY
				0 13 0	AB
				(ex M.P.)	
	PENTOLINIUM TARTRATE				
	Injection				
1821	5 mg. per ml., 10 ml.	1	1	0 10 8	MB
	Oral Tablet				
1823	40 mg.	100	2	0 17 0	MB
1824	200 mg.	100	2	2 7 4	MB
	PENTOLINIUM TARTRATE with EPHEDRINE				
1825	Injection 2.5%-0.5%, 25 ml.	1	1	1 9 8	MB
	PERTUSSIS VACCINE - H.A.P.A. (Haemagglutinin Aluminium Phosphate Adsorbed)				
1826	Injection 0.5 ml.	2	..	*0 11 0	CS

	PERTUSSIS VACCINE (PHASE 1) (Per/Vac)				
1827	Injection 20,000 M. in 1 ml.	3	1	*0 15 0	CS
	PETHIDINE				
	Injection				
1828	50 mg. in 1 ml.	5	..	0 9 1	FH, KL
				0 9 7	AD, BL, BW
				0 9 8	BT, BX
1829	50 mg. per ml., 2 ml.	5	..	0 10 3	FH, KL
				0 10 9	AD, BL, BW
				0 10 11	BT, BX
1830	50 mg. per ml., 10 ml.	1	..	0 10 4	BX, KL
1831	50 mg. per ml., 50 ml.	1	..	1 0 11	BX, KL, RO
	PETHIDINE with LEVALLORPHAN				
	See Restricted Benefits.				
	PETHIDINE with SCOPOLAMINE				
	Injection				
1834	100 mg.-0.43 mg. in 2 ml.	5	..	0 10 9	FH, KL
				0 11 5	BT, BW
	PHENACETIN with CODEINE PHOSPHATE and SODIUM PENTOBARBITONE				
	See Restricted Benefits.				
	PHENAZOPYRIDINE HYDROCHLORIDE				
1836	Oral Tablet 100 mg.	50	1	0 12 0	WW

Code No.	Approved Name, Manner of Administration, and Form	Max. Qty.	No. of Rpts.	Dispensed Price for Max. Qty.	Manufacturer
	PHENETHICILLIN				
	Oral Capsule				
1837	125 mg.	24	..	1 4 4	CS, SI
1838	250 mg.	12	1	1 3 0	CS, SI
	Oral Tablet				
1839	125 mg.	24	..	1 4 4	CS, SI
1840	250 mg.	12	1	1 1 6	CS, SI
				(ex 100)	
				1 3 0	CS, SI
				(ex M.P.)	
	Oral Paediatric Suspension				
2374	125 mg. per 5 ml., 100 ml.	‡1	..	1 9 8	CS, SI
	PHENFORMIN				
1841	Oral Tablet 25 mg.	100	2	2 0 4	WW
	PHENINDAMINE				
1842	Oral Tablet 25 mg.	50	2	0 11 3	RO
	PHENINDIONE				
	Oral Tablet				
1843	10 mg.	100	2	1 7 0	WP(NVW)
				1 9 8	GA, PT
				1 16 4	EV
1844	50 mg.	100	2	1 15 0	WP(NVW)
				1 17 8	GA, PT
				2 12 4	EV

	PHENIRAMINE				
1845	Injection 25 mg. per ml., 2 ml.	5	1	0 14 1	HP
	Oral Tablet				
1846	10 mg.	50	1	0 9 3	HP
1847	50 mg.	50	1	0 14 3	HP
				(ex 250)	
				0 15 8	HP
				(ex M.P.)	
1848	Oral Paediatric Syrup 15 mg. per 5 ml., 100 ml.	‡1	4	0 9 8	HP
	PHENOBARBITONE				
7640	Elixir P.L.	100 ml.	4	0 10 7	Extemp.
	Oral Tablet				
1849	15 mg.	100	2	0 4 8	AD, BW, DH, FA, HY, KL, PR, RT(V), RY, SI, SL, TO
1850	30 mg.	100	2	0 5 3	AD, DH, FA, HY, KL, PR, RT(V), RY, SI, SL, TO
				0 5 4	MG
				0 5 8	BK, BW, GP, MB
1851	60 mg.	100	2	0 5 4	AD, DH, FA, HY, KL, RT(V), RY, SI, SL
				0 5 8	MG
				0 6 4	BW, MB
1852	100 mg.	100	2	0 6 4	AD, DH, FA, KL, RT(V), RY, SI, SL

Code No.	Approved Name, Manner of Administration, and Form	Max. Qty.	No. of Rpts.	Dispensed Price for Max. Qty.	Manufacturer
	PHENOBARBITONE SODIUM				
	Injection -				
1853	200 mg. in 1 ml.	5	..	0 9 5	EV
				*0 9 6	MB
				0 10 3	FH
				0 10 9	BL, FM, MJ
				0 10 11	BX
1854	200 mg. and 2 ml. water for injection	5	..	1 0 4	BX
1855	100 mg. per ml., 2 ml.	5	..	0 10 11	BT
	Oral Tablet				
1856	15 mg.	100	2	0 4 8	DH, FA, KL, RT(V), SL
1857	30 mg.	100	2	0 5 3	DH, FA, HY, KL, RT(V), RY, SL
1858	60 mg.	100	2	0 5 4	KL, RT(V), RY, SL
				0 5 8	FA
1859	100 mg.	100	2	0 6 4	FA, KL, RY
	PHENOL with DEXTROSE and GLYCERIN				
1860	Injection 2%-25%-30% 30 ml.	1	..	1 6 4	BT
	PHENOLPHTHALEIN COMPOUND				
1861	Oral Pill.	50	1	0 5 3	HY, MG
				*0 5 10	DH
	PHENOXYBENZAMINE				
1862	Oral Capsule 10 mg.	100	2	2 5 8	SK

	PHENSUXIMIDE				
1863	Oral Capsule 500 mg.	200	1	4 2 4	PD
	PHENYLALANINE LOW CONTENT FORMULA				
	See Restricted Benefits.				
	PHENYLBUTAZONE				
2435	Oral Capsule 100 mg.	50	2	0 12 0	KL
1867	Oral Tablet 100 mg.	50	2	0 10 9	PT
				0 10 10	LF
				0 11 1	BV, FM, HY, KL, MG
				0 12 0	GP
				0 15 2	GE, VR
				(ex 250)	
				0 11 8	LF, PT
				0 12 0	BV, FM, HY, KL, MG
				0 12 5	GP
				0 16 0	GE, VR
				(ex M.P.)	
	PHENYLEPHRINE HYDROCHLORIDE				
1868	Injection 1% 1 ml.	5	..	1 4 0	WL
2455	Compound Ointment 2 oz.	‡1	1	0 13 0	WL
1869	Compound Suppository	12	1	0 10 7	WL
2456	Eye Drops 1/8%, 1/2 fl. oz.	‡1	..	0 8 4	WL
2457	Sterile Ophthalmic Solution 10%, 1 ml.	5	..	1 17 0	WL
	PHENYLMERCURIC NITRATE				
7648	Ear Drops P.L.	15 ml.	2	0 8 3	Extemp.

Code No.	Approved Name, Manner of Administration, and Form	Max. Qty.	No. of Rpts.	Dispensed Price for Max. Qty.	Manufacturer
	PHENYTOIN				
2460	Oral Capsule 100 mg. (delayed release)	100	1	0 19 8	PD
1870	Oral Paediatric Suspension 4 fl. oz.	‡1	4	0 10 4	PD
	PHENYTOIN SODIUM				
	Injection -				
1871	250 mg. with 5 ml. water for injection.	1	..	1 19 0	PD
1872	Oral Tablet 100 mg.	200	1	0 15 0	DH, KL, RT(V), RY
	Oral Capsule				
1873	30 mg.	200	1	0 17 8	PD
1874	100 mg.	200	1	1 4 10	RY
				1 6 7 (ex 1,000)	PD
				1 7 8 (ex M.P.)	PD, RY
	PHOLCODINE				
	Linctus				
1875	0.1%, 4 fl. oz.	‡1	4	0 8 8	CM, EV, GL, GP, HY, MG, RK, VR, WD(N)
2466	0.1%, 100 ml.	‡1	4	0 8 4	DH, FA
7482	Linctus P.L.	100 ml.	4	0 11 1	Extemp.
7475	Linctus for Children P.L.	100 ml.	4	0 9 3	Extemp.
	PHTHALYLSULPHACETAMIDE				
1877	Oral Tablet 500 mg.	100	..	1 11 0	BS, KL, SC, VR

	PHTHALYLSULPHATHIAZOLE				
1878	Oral Tablet 500 mg.	100	..	0 14 4	KL, MB, MK
7520	Mixture for Children P.L.	100 ml.	4	0 12 0	Extemp.
	PHYSOSTIGMINE SALICYLATE				
	Eye Drops				
1879	1/4%, 15 ml.	‡1	6	0 15 0	IQ
1880	1/2%, 15 ml.	‡1	6	0 16 7	IQ
	PHYTOMENADIONE				
	See Restricted Benefits.				
	PICROTOXIN				
1883	Injection 2.5 mg. per ml., 2 ml.	5	1	0 12 0	BX
	PILOCARPINE NITRATE				
	Eye Drops				
1884	1/2% 1/2 fl. oz.	‡1	6	0 9 11	AN, DH, IQ, KL, SI
1885	1% 1/2 fl. oz.	‡1	6	0 10 8	AN, DH, IQ, KL, SI
1886	2% 1/2 fl. oz.	‡1	6	0 11 8	AN, DH, IQ, KL, SI
1887	3% 1/2 fl. oz.	‡1	6	0 12 8	AN, DH, IQ, KL, SI
1888	4% 1/2 fl. oz.	‡1	6	0 14 4	AN, DH, KL, SI
				0 15 0	IQ
1889	6% 1/2 fl. oz.	‡1	6	0 17 8	AN
	PIPENZOLATE				
1890	Oral Tablet 5 mg.	100	2	1 17 8	SI
1891	Oral Solution 4 mg. per ml., 15 ml.	‡1	4	0 13 0	SI

Code No.	Approved Name, Manner of Administration, and Form	Max. Qty.	No. of Rpts.	Dispensed Price for Max. Qty.	Manufacturer
	PIPERAZINE ADIPATE				
1892	Oral Tablet 300 mg.	25	2	0 10 0	BD
1893	Oral Granules, 20%, 100 G.	1	..	1 1 0	DF
	PIPERAZINE PHOSPHATE				
	Oral Tablet				
1896	250 mg.	25	2	*0 9 2	GL
1897	500 mg.	30	2	0 12 7	CK
	PITUITARY, POSTERIOR LOBE				
1898	Injection 10 Oxytocic Units in 1 ml.	5	1	0 14 4	PD
	Insufflation - See Restricted Benefits.				
	PLAGUE VACCINE				
	(Plague/Vac)				
1901	Injection 4,000 million in 1 ml.	2	..	*0 16 4	CS
	PODOPHYLLIN				
7566	Paint P.L.	25 ml.	1	0 9 6	Extemp.
7567	Paint Strong P.L.	25 ml.	1	0 11 7	Extemp.
	POLYMYXIN B SULPHATE				
	Ear Drops. (Aqueous)				
1902	300,000 Units in 15 ml.	‡1	2	1 5 8	KL, SI
				1 7 0	BW, HA
1903	Set containing 300,000 Units and 15 ml. of solvent	‡1	2	$1 9 6	AN

1904	Ear Drops (Propylene Glycol Base) 10,000 Units per ml, 10 ml.	‡1	2	0 13 0	BW
	Eye Drops				
1905	15,000 Units per ml., 5 ml.	‡1	2	0 16 4	KL, SI
				0 17 0	IQ
1907	15,000 Units per ml., Stabilised 5 ml.	‡1	2	0 17 0	BW
1906	Set containing 75,000 Units and 5 ml. of solvent	‡1	2	$0 19 6	AN
	POLYMYXIN B SULPHATE with BACITRACIN and NEOMYCIN SULPHATE				
	Eye Drops				
1909	Set containing 50,000 Units - 4,000 Units - 50 mg. and 10 ml. solvent	‡1	2	$1 9 6	AN, DH, GL
				$1 11 9	IQ
	Eye Ointment				
1910	5,000 Units - 400 Units - 5 mg. per G., 4 G.	‡1	..	0 6 9	PT
				0 7 0	AN, BW, DH, GL, HA, SI, UP
	POLYMYXIN B SULPHATE with NEOMYCIN SULPHATE and GRAMICIDIN				
	Eye Drops				
1911	5,000 Units - 2.5 mg.-0.025 mg. per ml., 10 ml.	‡1	2	0 14 4	BW
	POLYTHIAZIDE				
	Oral Tablet				
1912	1 mg.	50	2	1 1 8	PF
1913	2 mg.	50	2	1 11 4	PF

Code No.	Approved Name, Manner of Administration, and Form	Max. Qty.	No. of Rpts.	Dispensed Price for Max. Qty.	Manufacturer
	POTASSIUM				
	Oral Effervescent Tablet				
2373	6.5 milli - equivalents of Potassium	50	3	0 9 0	HY, KL, PT, RY
	POTASSIUM CHLORIDE				
7505	Mixture P.L.	200 ml.	4	0 9 0	Extemp.
1914	Oral Tablet 500 mg.	100	2	0 7 0	AN, DH, HY, KL, RT(V), RY
	(For Injection Standard Maintenance Fluids - see "Intravenous Fluids")				
	POTASSIUM CITRATE				
7506	Mixture P.L.	200 ml.	4	0 9 2	Extemp.
7521	Mixture for Children P.L.	100 ml.	4	0 8 2	Extemp.
	POTASSIUM CITRATE and SODIUM BICARBONATE				
7507	Mixture P.L.	200 ml.	4	0 8 4	Extemp.
	POTASSIUM IODIDE				
7522	Mixture for Children P.L.	100 ml.	4	0 7 5	Extemp.
	POTASSIUM IODIDE and EPHEDRINE				
7523	Mixture for Children P.L.	100 ml.	4	0 7 11	Extemp.
	POTASSIUM IODIDE and STRAMONIUM				
7508	Mixture Compound P.L.	200 ml.	4	0 10 7	Extemp.

	POTASSIUM PERCHLORATE							
	Oral Tablet							
1915	200 mg.	100	2	0	9	8	AD, SI	
				0	15	8	PH	
1916	500 mg.	100	2	0	17	8	PH	
	PREDNISOLONE							
2361	Eye Drops 1%, 3 ml.	‡1	6	1	3	0	SC	
1918	Eye Ointment 0.5%, 4 G.	‡1	..	0	19	0	PT	
				1	3	0	AN, CO, KL, UP	
	Tablet - See Restricted Benefits.							
	PREDNISOLONE ACETATE							
	See Restricted Benefits.							
	PREDNISOLONE with MAGNESIUM TRISILICATE and DRIED ALUMINIUM HYDROXIDE GEL							
	See Restricted Benefits.							
	PREDNISOLONE. METHYL							
1927	Eye Ointment 0.1%, 4 G.	‡1	..	1	6	4	UP	
	Capsule - See Restricted Benefits.							
	Tablets - See Restricted Benefits.							
	PREDNISOLONE. METHYL. ACETATE							
	See Restricted Benefits.							
	PREDNISOLONE SODIUM HEMISUCCINATE							
	See Restricted Benefits.							

Code No.	Approved Name, Manner of Administration, and Form	Max. Qty.	No. of Rpts.	Dispensed Price for Max. Qty.	Manufacturer
	PREDNISOLONE SODIUM PHOSPHATE				
	Eye-Ear Drops				
1921	0.5%, 2.5 ml.	‡1	6	1 1 8	MK
1922	0.5%, 5 ml.	‡1	6	1 5 0	GL, MK
1923	Eye Ointment 0.5%, 3 G.	‡1	..	1 3 0	GL
	Retention Enema - See Restricted Benefits.				
	PREDNISOLONE TERTIARY BUTYL ACETATE				
	See Restricted Benefits.				
	PREDNISOLONE TRIMETHYLACETATE				
1931	Eye Drops 0.3%, 2.5 ml.	‡1	6	0 13 8	CB
1932	Eye Ointment 0.5%, 2.5 G.	‡1	..	0 15 0	CB
	Injections - See Restricted Benefits.				
	PREDNISONE				
	See Restricted Benefits.				
	PREDNISONE with MAGNESIUM TRISILICATE and DRIED ALUMINIUM HYDROXIDE GEL				
	See Restricted Benefits.				
	PRIMAQUINE				
	Oral Tablet				
1937	Equivalent to 7.5 mg. base	30	1	0 10 8	IC
1938	Equivalent to 15 mg. base	14	1	0 6 9	WL

	PRIMIDONE				
1939	Oral Tablet 250 mg.	200	1	*3 17 8	IC
	PROBENECID				
1940	Oral Tablet 500 mg.	100	2	5 19 8	MK
	PROCAINAMIDE HYDROCHLORIDE				
1941	Injection 100 mg. per ml., 10 ml.	1	..	0 15 8	SQ
1942	Oral Tablet 250 mg.	100	2	3 3 0	SQ
	PROCAINE HYDROCHLORIDE in NORMAL SALINE (See "Intravenous Fluids")				
	PROCHLORPERAZINE				
2369	Injection 12.5 mg. in 1 ml.	10	..	0 13 8	MB
	PROCYCLIDINE				
1943	Oral Tablet 5 mg.	100	2	2 3 0	BW
	PROGESTERONE See Restricted Benefits.				
	PROGUANIL				
1947	Oral Tablet 100 mg.	100	2	0 11 5	IC
	PROMETHAZINE HYDROCHLORIDE				
1948	Injection 2.5%, 2 ml.	10	..	0 15 0	MB
	Oral Paediatric Elixir				
1949	5 mg. per 3.6 ml., 125 ml.	‡1	4	0 7 8	MB

Code No.	Approved Name, Manner of Administration, and Form	Max. Qty.	No. of Rpts.	Dispensed Price for Max. Qty.	Manufacturer
	PROMETHAZINE HYDROCHLORIDE - cont.				
	Oral Tablet				
1950	10 mg.	50	1	0 9 2	MB
				(ex 250)	
				0 9 8	MB
				(ex M.P.)	
1951	25 mg.	50	1	0 12 2	MB
				(ex 250)	
				0 13 8	MB
				(ex M.P.)	
	PROPANTHELINE BROMIDE				
	Injection				
1952	30 mg. in 1 ml. (solvent required)	5	..	3 3 0	SR
1953	Oral Tablet 15 mg.	100	2	2 10 7	SR
				(ex 500)	
				2 12 4	SR
				(ex M.P.)	
2363	30 mg. (sustained release)	100	2	4 16 4	SR
	PROPYLTHIOURACIL				
	Oral Tablet				
1954	25 mg.	100	2	0 13 0	AN
1955	50 mg.	100	2	1 0 4	AN

	PROTAMINE SULPHATE				
	Injection				
1956	1% 5 ml.	5	..	1 1 5	EV
1957	1% 10 ml.	5	..	1 3 5	BT
	PROTOVERATRINE A				
	See Restricted Benefits.				
	PYRIDINE ALDOXIME METHIODIDE (P.A.M.)				
2336	Injection 500 mg.	5	..	1 3 0	FH
	PYRIDOSTIGMINE				
	See Restricted Benefits.				
	PYRIDOXINE HYDROCHLORIDE				
	Injection				
1961	50 mg. in 1 ml.	5	1	0 15 9	KL
				0 18 7	PD
				0 18 8	BL, BX, FM
				0 19 3	AN
1962	50 mg. in 2 ml.	5	1	0 18 8	RO
1963	50 mg. per ml., 5 ml.	1	1	0 16 4	KL
				1 4 0	LY
1964	50 mg. per ml., 10 ml.	1	..	0 19 0	KL
				1 3 0	BX
	Tablets - See Restricted Benefits.				
	PYRIMETHAMINE				
1966	Oral Tablet 25 mg.	30	1	0 12 0	BW

Code No.	Approved Name, Manner of Administration, and Form	Max. Qty.	No. of Rpts.	Dispensed Price for Max. Qty.	Manufacturer
	QUINALBARBITONE SODIUM				
	Oral Tablet				
1967	50 mg.	50	2	0 9 8	PT
1968	100 mg.	50	2	0 9 8	PT
				0 9 11	AD, DH, HY, RT(V), RY, SI, SL
				0 11 8	KL
				0 13 4	GP, RD
	Oral Capsule				
1969	50 mg.	50	2	0 11 0	LF
				0 11 11	LY
1970	100 mg.	50	2	0 13 1	RY
				0 13 2	PT
				0 14 10	LY
				(ex 250)	
				0 14 4	PT, RY
				0 18 4	LY
				(ex M.P.)	
	QUINETHAZONE				
2337	Oral Tablet 50 mg.	50	2	1 14 4	LE
	QUINIDINE SULPHATE				
1971	Oral Tablet 200 mg.	100	2	1 4 4	DH
				1 9 8	BW, FA, HA, HY, KL, RT(V), TO

	QUININE BISULPHATE				
1972	Oral Tablet 300 mg.	100	2	1 0 0	DH
				1 3 0	BW, FA, HY
	QUININE DIHYDROCHLORIDE				
1973	Oral Tablet 300 mg.	100	2	1 7 0	DH
	QUININE HYDROCHLORIDE				
1974	Oral Tablet 300 mg.	100	2	1 7 0	DH
	QUININE SULPHATE				
1975	Oral Tablet 300 mg.	100	2	1 0 4	AD, DH, SI
				1 3 0	HY, KL, PR, RT(V), TO
	RAUWOLFIA ALKALOIDS				
	Oral Tablet				
1976	0.25 mg.	100	2	0 11 8	PT
				0 13 8	KL, MJ
1977	2 mg.	100	2	1 4 6	RK
				(ex 500)	
				1 7 0	RK
				(ex M.P.)	
1978	4 mg.	100	2	1 5 8	PV
1979	50 mg.	100	2	1 2 5	LF, PT
				1 5 4	SQ
				(ex 500)	
				1 5 0	LF, PT
				1 8 4	SQ
				(ex M.P.)	

Code No.	Approved Name, Manner of Administration, and Form	Max. Qty.	No. of Rpts.	Dispensed Price for Max. Qty.	Manufacturer
	RED BACK SPIDER ANTI-VENENE				
1980	Injection 500 Units	2	..	*4 3 0	CS
	RESERPINE				
	Injection				
1981	1 mg.	5	1	0 10 1	CB
1982	2.5 mg.	5	1	0 16 4	CB
	Oral Tablet				
1983	0.25 mg.	100	2	0 7 7	HA
				0 7 10	HY
				0 8 3	MG
				0 8 4	AN, FA, KL, RK, RY
				0 9 2	PD, VR
				0 9 7	CB
				(ex 500)	
				0 8 4	AN, FA, HA, HY, KL, MG, RK, RY
				0 9 8	CB, PD, VR
				(ex M.P.)	
1984	0.5 mg.	100	2	0 10 4	HA, KL
				0 12 4	CB
	RESORCINOL				
8793	Lotion Compound P.L.	200 ml.	4	0 10 4	Extemp.
	RESORCINOL and SULPHUR				
9592	Compound Ointment P.L.	100 G.	1	0 11 3	Extemp.

	RIBOFLAVINE See Restricted Benefits.				
	ROLITETRACYCLINE See Restricted Benefits.				
	SACCHARIN or SACCHARIN SODIUM				
1991	†Oral Tablet 30 mg.	200	1	†0 1 9	HY, SL
				†0 2 0	KL, RY
1992	(with instructions for use)				HY, SL
					KL, RY
	SALICYLAMIDE				
1993	Oral Tablet 500 mg.	100	2	0 10 4	KL
				0 10 8	GH, HA
	SALICYLIC ACID				
7553	Dusting Powder Compound P.L.	100 G.	1	0 7 11	Extemp.
8185	Ear Drops P.L.	15 ml.	2	0 6 10	Extemp.
7926	Ointment P.L.	100 G.	1	0 12 11	Extemp.
7578	Paint, P.L.	25 ml.	1	0 7 2	Extemp.
	SALICYLIC ACID and RESORCINOL				
7489	Cream Aqueous P.L.	100 G.	1	0 10 8	Extemp.
	SALICYLIC ACID and SULPHUR				
7488	Cream Aqueous P.L.	100 G.	1	0 10 4	Extemp.
	SCHICK TEST TOXIN				
1994	Injection 1 ml.	2	..	*0 13 8	CS

Code No.	Approved Name, Manner of Administration, and Form	Max. Qty.	No. of Rpts.	Dispensed Price for Max. Qty.	Manufacturer
	SEIDLITZ POWDER				
1995	†Compound Effervescent Powder, B.P.C.	12	1	†0 5 9	DH, WD(N)
1996	(with instructions for use)				DH, WD(N)
	SENNA FRUIT				
1997	†2 oz.	1	..	†0 2 0	DH, SI
1998	(with instructions for use)				DH, SI
	SENNA FRUIT EXTRACT (STANDARDISED) See Restricted Benefits.				
	SILVER NITRATE TOUGHENED				
2000	†1 stick	1	..	†0 1 7	YF(QNVST)
				†0 2 6	SL
2001	(with instructions for use)				YF(QNVST)
					SL
	SILVER PROTEIN, MILD				
2003	Eye Drops, 10%, 1/2 fl. oz.	‡1	2	0 10 5	IQ
	SIMPLE LINCTUS				
7635	Linctus P.L.	100 ml.	4	0 8 8	Extemp.
	SIMPLE OINTMENT				
7927	Ointment P.L.	100 G.	1	0 10 5	Extemp.

	SMALLPOX VACCINE				
2004	Injection, Capillary Tube	1	..	0 8 7	CS
	SOAP LINIMENT				
7479	Liniment P.L.	100 ml.	1	0 10 7	Extemp.
	SODIUM AMINOSALICYLATE				
7524	Mixture for Children P.L.	100 ml.	4	0 12 7	Extemp.
	Injection - See Restricted Benefits.				
	Cachets - See Restricted Benefits.				
	Tablets - See Restricted Benefits.				
	Granules - See Restricted Benefits.				
	SODIUM AUROTHIOMALATE				
	Injection -				
2013	1 mg.	1	3	0 5 3	MB
2014	2 mg.	1	3	0 5 4	MB
2015	5 mg.	1	3	0 5 7	MB
2016	10 mg.	1	3	0 5 11	MB
2017	20 mg.	1	3	0 6 1	MB
2018	50 mg.	5	..	*1 4 3	MB
2019	100 mg.	5	..	*1 12 7	MB
2020	200 mg.	1	..	0 12 1	MB
	SODIUM BICARBONATE				
8194	Ear Drops P.L.	15 ml.	2	0 7 3	Extemp.

Code No.	Approved Name, Manner of Administration, and Form	Max. Qty.	No. of Rpts.	Dispensed Price for Max. Qty.	Manufacturer
	SODIUM BICARBONATE COMPOUND				
2021	Oral Tablet B.P.300 mg.	100	2	0 4 8	FA, SL
	SODIUM CALCIUMEDETATE				
2022	Injection 200 mg. per ml., 5 ml.	5	..	*2 16 4	RK
2023	Oral Tablet 500 mg.	100	2	2 1 11	RK
	SODIUM CHLORIDE				
2030	Oral Tablet 300 mg.	100	2	0 4 8	DH, FA, HY, KL, RT(V)
	Injection (Normal Saline; Physiological Solution)				
2024	2 ml.	5	1	0 8 4	FH, KL
				0 8 8	AD, BL, BX
2025	5 ml.	5	1	0 9 1	FH, KL
				0 9 7	AD, BL
				0 9 8	BX
2026	10 ml.	5	1	*0 8 11	CS
				0 9 0	KL
				0 10 9	FH
				0 11 4	BX
				0 11 5	AD, BL
2027	10 ml. vial	2	1	*0 9 8	FH, PD
2028	20 ml.	5	1	0 15 0	BL, BX, FH, KL
2029	50 ml.	3	1	*1 3 0	BX, FH, KL
	(For 1/2 litre and 1 litre sizes, see "Intravenous Fluids".)				

	SODIUM CHLORIDE and DEXTROSE (See "Intravenous Fluids")							
	SODIUM CHLORIDE COMPOUND (See "Intravenous Fluids")							
	SODIUM CHLORIDE COMPOUND and DEXTROSE (See "Intravenous Fluids")							
	SODIUM CITRATE							
7509	Mixture P.L.	200 ml.	4	0	9	2	Extemp.	
7525	Mixture for Children P.L.	100 ml.	4	0	8	2	Extemp.	
	Oral Tablet							
2031	120 mg.	100	2	0	5	3	AD, DH, FA, RT(V)	
				0	7	0	BW	
2032	300 mg.	100	2	0	6	0	HY	
				0	8	9	BW	
	SODIUM EDETATE							
1354	Injection 200 mg. per ml., 5 ml.	5	1	*3	3	6	RK	
	SODIUM FOLATE See Restricted Benefits.							
	SODIUM LACTATE (See "Intravenous Fluids")							
	SODIUM LACTATE COMPOUND (See "Intravenous Fluids")							

Code No.	Approved Name, Manner of Administration, and Form	Max. Qty.	No. of Rpts.	Dispensed Price for Max. Qty.	Manufacturer
	SODIUM LACTATE COMPOUND and DEXTROSE (See "Intravenous Fluids")				
	SODIUM SALICYLATE				
7510	Mixture P.L.	200 ml.	4	0 8 1	Extemp.
2034	Oral Tablet 300 mg.	100	2	0 7 8	AD, DH, FA, HY, KL, RT(V), SI, SL
2431	600 mg. Oral Tablet (enteric coated)	100	2	0 11 0	HY
2035	300 mg.	100	2	0 11 0	AN, DH, KL, LY, PR, QE(QNVS), RY, TO
2036	500 mg.	100	2	0 12 4	AN, KL, PR, QE(QNVS), TO
2037	600 mg.	100	2	0 13 8	AN, DH, KL, LY, PR, QE(QNVS), RY, TO
	SODIUM SULPHATE (See "Intravenous Fluids")				
	SODIUM TAUROGLYCOCHOLATE				
2038	Oral Tablet	100	1	0 9 11	WW
	SOYA FORMULA See Restricted Benefits.				
	SPIRAMYCIN See Restricted Benefits.				

	SPIRIT INDUSTRIAL METHYLATED						
7649	Ear Drops P.L.	15 ml.	2	0	6	9	Extemp.
	STANOLONE						
	See Restricted Benefits.						
	STAPHYLOCOCCUS TOXOID (FORMALINISED) (Sta/Tox)						
	Injection						
2045	Diluted 1 in 10 for use in initial injection 5 ml.	1	..	0	11	0	CS
2046	Undiluted 5 ml.	1	..	1	1	8	CS
	STILBOESTROL						
	See Restricted Benefits.						
	STREPTOMYCIN SULPHATE						
	See Restricted Benefits.						
	STREPTOMYCIN SULPHATE with SULPHAGUANIDINE						
2059	Oral Tablet 62.5 mg.-500 mg.	16	..	0	14	1	GL
	SUCCINYLSULPHATHIAZOLE						
2060	Oral Tablet 500 mg.	100	..	0	19	0	MB, MK
	SUCCINYLSULPHATHIAZOLE with KAOLIN Mixture						
2061	60 gr.-45 gr. per fl.oz., 4 fl.oz.	‡1	4	0	9	4	MK
2062	60 gr.-45 gr. per fl.oz., 8 fl.oz.	‡1	4	0	15	0	MK

Code No.	Approved Name, Manner of Administration, and Form	Max. Qty.	No. of Rpts.	Dispensed Price for Max. Qty.	Manufacturer
	SULPHACETAMIDE SODIUM				
	Eye Drops				
2063	10%, 15 ml.	‡1	2	0 10 4	AN, DH, EV, IQ, KL, SH, SI
2064	20%, 15 ml.	‡1	2	0 11 0	AN, DH, EV, IQ, KL, SI
	Eye Ointment				
2066	10%, 60 gr.	‡1	..	0 5 8	AN, EV, SC
	SULPHADIAZINE				
	Oral Tablet				
2067	300 mg.	40	1	0 10 9	AB, KL
2068	500 mg.	40	1	0 9 11	AD, DH, HY, KL, MG, RT(V), RY, SI, SL
				0 10 8	MB, PD
	SULPHADIAZINE SODIUM				
2069	Injection 4 ml.	5	..	*0 15 8	MB
	SULPHADIMETHOXINE				
2070	Oral Tablet 500 mg.	12	..	0 12 4 (ex 100)	RO
				0 13 0 (ex M.P.)	RO
	Oral Paediatric Suspension				
2071	200 mg. per ml., 10 ml.	‡1	..	0 11 5	RO

	SULPHADIMIDINE				
2072	Oral Paediatric Suspension 100 ml.	1	4	0 11 5	IC
	Oral Tablet				
2073	250 mg.	40	1	0 7 4	KL, MG
2074	500 mg.	40	1	0 6 11	MG, SL
				0 7 3	AD, DH, HY, IC, KL, RY, SI, VR
				(ex 200)	
				0 7 4	MG, SL
				0 7 8	AD, DH, HY, IC, KL, RY, SI, VR
				(ex M.P.)	
	SULPHADIMIDINE SODIUM				
2075	Injection 1 G. in 3 ml.	5	..	0 11 8	IC
	SULPHAFURAZOLE				
	Oral Tablet				
2076	300 mg.	40	1	0 13 1	RO
2077	500 mg.	40	1	0 16 10	RO
				(ex 200)	
				0 17 5	RO
				(ex M.P.)	
2078	Eye Drops 4%, 10 ml.	‡1	2	0 9 8	RO
2079	Eye Ointment 4%, 5 G.	‡1	..	0 6 1	RO
2458	Paediatric Syrup 500 mg. per 5 ml., 100 ml.	‡1	..	0 14 0	RO
	SULPHAGUANIDINE				
2080	Oral Tablet 500 mg.	100	..	0 11 4	AD, AN, DH, HY, KL, MG, PR, RT(V), RY, SI, SL

Code No.	Approved Name, Manner of Administration, and Form	Max. Qty.	No. of Rpts.	Dispensed Price for Max. Qty.	Manufacturer
	SULPHAMETHIZOLE				
	Oral Tablet				
2082	100 mg.	30	1	0 8 4	AY, HA, KL, WW
2083	250 mg.	30	1	0 12 2	HA
				0 12 6	AY, KL, WW
				(ex 100)	
				0 12 1	KL
				0 13 0	AY, HA, WW
				(ex M.P.)	
2084	500 mg.	30	1	1 0 9	AY, HA, KL, WW
	SULPHAMETHOXYDIAZINE				
	(S'methoxydiazine)				
2085	Oral Tablet 500 mg.	12	..	0 16 4	FB, SC
	Oral Paediatric Suspension				
2086	10%, 40 ml.	‡1	..	0 16 4	FB, SC
2087	20%, 10 ml.	‡1	..	0 15 8	FB, SC
	SULPHAMETHOXYPYRIDAZINE				
	(S'methopyrazine)				
2088	Oral Tablet 500 mg.	12	..	1 0 9	LE, PD
				(ex 100)	
				1 1 8	LE, PD
				(ex M.P.)	

	SULPHAMETHOXYPYRIDAZINE N-ACETYL				
	Oral Paediatric Suspension				
2089	250 mg. per 5 ml., 1 fl. oz.	‡1	..	0 14 4	LE, PD
	SULPHAPHENAZOLE				
2090	Oral Tablet 500 mg.	20	1	0 11 11	CB
2091	Oral Paediatric Suspension, 10% 50 ml.	‡1	..	0 14 4	CB
	SULPHAPYRIDINE				
2092	Oral Tablet 500 mg.	100	..	0 19 0	MB
	SULPHASALAZINE				
	See Restricted Benefits.				
	SULPHINPYRAZONE				
2094	Oral Tablet 100 mg.	100	2	3 16 4	GE
	SULPHONAMIDES, THREE MIXED				
	Oral Tablet				
2095	250 mg.	40	1	0 11 0	MB, MJ
2096	300 mg.	40	1	0 8 11	KL
2097	330 mg.	40	1	0 11 0	AN
2098	500 mg.	40	1	0 8 4	MG, RY, SL
				0 8 9	AD, DH, SI
				0 9 5	AN
				0 9 7	HY
				0 10 4	KL
				0 10 11	MB, MJ, VR
				(ex 200)	

Code No.	Approved Name, Manner of Administration, and Form	Max. Qty.	No. of Rpts.	Dispensed Price for Max. Qty.	Manufacturer
	SULPHONAMIDES, THREE MIXED - cont.				
	2098 - continued			0 8 9	AD, DH, HY, RY, SI, SL
				0 10 9	KL, MG
				0 11 4	AN, MB, MJ, VR
				(ex M.P.)	
	SULPHUR				
7929	Ointment P.L.	100 G.	1	0 11 7	Extemp.
	SULPHURATED POTASH				
7633	Lotion P.L.	200 ml.	4	0 9 7	Extemp.
	SULTIAME				
	See Restricted Benefits.				
	SUSTANON				
	See Restricted Benefits.				
	SUXAMETHONIUM BROMIDE				
2102	Injection 67 mg.	5	1	*0 18 2	MB
	SUXAMETHONIUM CHLORIDE				
2103	Injection 50 mg. per ml., 10 ml.	1	..	0 10 4	BW, GL

	T.A.B. VACCINE (Anti-Typhoid-Paratyphoid) (T.A.B./Vac)							
	Injection							
2104	0.5 ml.	3	..	*0	14	0	CS	
2105	10 ml.	1	..	1	13	0	CS	
	TACRINE							
	Injection							
2106	10 mg., 2 ml.	5	1	0	17	0	WH	
2107	30 mg., 2 ml.	5	1	1	4	0	WH	
	TAIPAN ANTI-VENENE							
2108	Injection 3,000 Units	4	..	*20	3	0	CS	
	TESTOSTERONE							
	See Restricted Benefits.							
	TESTOSTERONE METHYL							
	See Restricted Benefits.							
	TESTOSTERONE OENANTHATE							
	See Restricted Benefits.							
	TESTOSTERONE PROPIONATE							
	See Restricted Benefits.							
	TETANUS ANTITOXIN (Tet/Ser)							
2120	Injection Diluted 1-50, 15 Units in 0.5 ml.	1	..	0	6	4	CS	

Code No.	Approved Name, Manner of Administration, and Form	Max. Qty.	No. of Rpts.	Dispensed Price for Max. Qty.	Manufacturer
	TETANUS ANTITOXIN - cont.				
	Injection				
2121	1,500 Units	5	1	*1 16 4	BW, CS
2122	10,000 Units	5	1	*9 9 8	CS
2123	50,000 Units	5	..	*35 3 0	CS
2124	Set containing 1,500 Units and 15 Units diluted 1 in 50	1	..	0 13 0	BT, CS
	TETANUS TOXOID (Tet/Vac/FT)				
	Injection				
2125	0.5 ml.	3	..	0 13 8	GL
				*0 13 9	CS
				0 13 9	BT
	TETANUS TOXOID (Purified Aluminium Phosphate Adsorbed) (Tet/Vac/PTAP)				
	Injection				
2127	0.5 ml.	3	..	*0 13 0	CS
				0 13 0	BT
2128	5 ml.	1	..	1 5 8	CS
	TETRACYCLINE				
2141	Eye Drops, Suspension, 1%, 6 ml.	‡1	2	0 9 4	LE
2142	Eye Ointment, 1%, 4 G.	‡1	..	0 5 8	LE
	Capsules - See Restricted Benefits.				
	Drops - See Restricted Benefits.				

	Granules - See Restricted Benefits.				
	Injections - See Restricted Benefits.				
	Suspension - See Restricted Benefits.				
	Tablets - See Restricted Benefits.				
	TETRACYCLINE (BUFFERED)				
	See Restricted Benefits.				
	TETRACYCLINE (BUFFERED) with AMPHOTERICIN B				
	See Restricted Benefits.				
	TETRACYCLINE (BUFFERED) with NYSTATIN				
	See Restricted Benefits.				
	THENALIDINE with CALCIUM				
2158	Oral Tablet (effervescent)	50	1	1 4 4	SZ
2159	Oral Paediatric Syrup 85 ml.	‡1	4	0 9 0	SZ
	THEOBROMINE with PHENOBARBITONE				
	Oral Tablet				
2160	300 mg.-30 mg.	100	2	0 8 6	HY, SL
				0 9 5	AD, DH, FA, KL, MG, RT(V), RY, SI, TO
				0 10 2	PR
				0 10 3 (ex 500)	HA
				0 11 0 (ex M.P.)	AD, DH, FA, HA, HY, KL, MG, PR, RT(V), RY, SI, SL, TO

Code No.	Approved Name, Manner of Administration, and Form	Max. Qty.	No. of Rpts.	Dispensed Price for Max. Qty.	Manufacturer
	THEOBROMINE and SODIUM SALICYLATE				
2161	Oral Tablet 500 mg.	100	2	0 19 0	DH, KL
	THEOPHYLLINE ETHANOATE of PIPERAZINE				
2445	Injection 500 mg. in 5 ml.	5	..	0 10 8	DF
	THIAMBUTOSINE				
2162	Oral Tablet 500 mg.	100	2	1 1 0	CB
	THIETHYLPERAZINE				
2368	Injection 6.5 mg. in 1 ml.	10	..	*0 15 0	SZ
	THIORIDAZINE				
	See Restricted Benefits.				
	THIOTEPA				
2345	Injection 15 mg.	1	1	1 9 8	LE
	THYROID				
	Oral Tablet				
2166	7.5 mg.	100	2	0 4 4	CS
2167	15 mg.	100	2	0 4 4	DH, FA, RT(V), SL
				0 4 9	BW, CS
				0 5 0	AD, SI
2168	30 mg.	100	2	0 4 9	DH, FA, RT(V), SL, TO
				0 5 1	BW, CS, WW
				0 5 4	AD, SI

2169	60 mg.	100	2	0 6 0	AD, DH, FA, RT(V), SI, SL, TO
				0 6 5	BW, CS, WW
2170	100 mg.	100	2	0 6 8	AD, DH, SI
				0 7 5	BW, CS
2171	120 mg.	100	2	0 7 5	AD, DH, FA, RT(V), SI
				0 8 4	BW
2172	150 mg.	100	2	0 8 4	AD, RT(V), SI
				0 9 8	BW, CS
2173	300 mg.	100	2	0 11 0	GP, RT(V)
	THYROXINE SODIUM				
	Oral Tablet				
2174	0.05 mg.	100	2	0 6 1	BW, DH, FM, GL, RT(V)
2175	0.1 mg.	100	2	0 7 11	BW, DH, FM, GL, RT(V)
	TIGER SNAKE ANTI-VENENE				
2176	Injection 3,000 Units	2	1	*7 3 0	CS
	TITANIUM DIOXIDE				
7478	Paste P.L.	100 G.	1	0 9 3	Extemp.
	TOLAZOLINE				
2177	Oral Tablet 25 mg.	100	2	0 12 8	KL
				0 13 3 (ex 500)	CB
				0 13 8 (ex M.P.)	CB, KL

Code No.	Approved Name, Manner of Administration, and Form	Max. Qty.	No. of Rpts.	Dispensed Price for Max. Qty.	Manufacturer
	TOLBUTAMIDE				
2178	Oral Tablet 500 mg.	100	2	1 15 10 (ex 500)	HP, PH
				1 17 0 (ex M.P.)	HP, PH
	TRETAMINE				
	See Restricted Benefits.				
	TRIAMCINOLONE				
	See Restricted Benefits.				
	TRICYCLAMOL CHLORIDE				
2181	Oral Tablet 50 mg.	100	2	2 16 4	BW
	TRIDIHEXETHYL CHLORIDE				
2365	Injection 10 mg. in 1 ml.	5	..	3 3 0	LE
	Oral Paediatric Drops				
2364	5 mg. per ml., 15 ml.	‡1	3	0 16 4	LE
	Oral Tablet				
2366	25 mg.	100	2	2 3 0	LE
	TRIETHANOLAMINE TRINITRATE				
	Oral Tablet				
2182	1 mg.	100	2	0 11 11	SC
2183	2 mg.	100	2	0 17 8	SC
2184	7 mg.	100	2	1 8 4	AN, SC

	TRIFLUOPERAZINE See Restricted Benefits.				
	TRIMEPRAZINE TARTRATE				
2187	Oral Tablet 10 mg.	50	1	0 14 4	MB
2188	Oral Paediatric Syrup 2 mg. per ml., 125 ml.	‡1	4	0 11 0	MB
	TRIMETAPHAN See Restricted Benefits.				
	TRIMUSTINE				
2367	Injection set containing 6 mg. and 2 ml. distilled water.	3	..	1 2 7	CK
	TRIPELENNAMINE				
2190	Oral Tablet 50 mg.	50	1	0 18 4	CB
	TRIPROLIDINE HYDROCHLORIDE				
2191	Oral Tablet 2.5 mg.	50	1	0 17 8	BW
2192	Oral Paediatric Elixir 1 mg. per 5 ml., 100 ml.	‡1	4	0 8 8	BW
	TROXIDONE				
2193	Oral Tablet 150 mg.	200	1	2 9 0	AB
2194	Oral Capsule 300 mg.	200	1	*3 12 4	GA
				4 2 4	AB
	TYPHUS VACCINE				
2195	Injection 1 ml.	2	..	*1 3 0	CS

Code No.	Approved Name, Manner of Administration, and Form	Max. Qty.	No. of Rpts.	Dispensed Price for Max. Qty.	Manufacturer
	VASOPRESSIN				
2196	Injection B.P. 20 Units in 1 ml.	5	..	0 17 4	PD
	VASOPRESSIN TANNATE				
2197	Oily Injection 5 Units in 1 ml.	10	1	*1 11 8	PD
	VINBLASTINE				
	See Restricted Benefits.				
	VIPRYNIUM EMBONATE				
	(Viprynium)				
2199	Oral Tablet 50 mg.	8	..	0 14 1	PD
2200	Oral Suspension 10 mg. per ml., 1 fl.oz.	‡1	..	0 14 1	PD
	VITAMINS COMPOUND				
	See Restricted Benefits.				
	WARFARIN SODIUM				
	Oral Tablet				
2209	2 mg.	50	2	1 11 8	EN
2210	2.5 mg.	50	2	1 13 0	EN
2211	5 mg.	50	2	1 13 8	EN
2212	7.5 mg.	50	2	2 1 4	EN
2213	10 mg.	50	2	2 13 0	EN
2214	25 mg.	25	2	2 5 8	EN
	Injection				
2215	Set containing 50 mg. and 2 ml. solvent	5	..	4 13 7	EN

	WATER FOR INJECTION				
	Injection				
2216	2 ml.	5	3	0 8 0	EV, FH, KL
				0 8 4	BX
				0 8 5	AD, BL, BT
2217	5 ml.	5	3	*0 8 5	CS
				0 8 11	EV, FH, KL
				0 9 4	AD, BL, BX
2218	10 ml.	5	3	0 10 7	EV, FH, KL
				0 11 0	BX
				0 11 1	AD, BL
				0 11 7	CS
	WOOL ALCOHOLS				
2219	†Ointment 4 oz.	1	1	†0 10 0	EV
2220	(with instructions for use)				EV
	WOOL FAT, HYDROUS				
2221	†2 oz. tube or jar	1	..	†0 2 3	HY, WD(N)
2222	(with instructions for use)				HY, WD(N)
	ZINC and CASTOR OIL				
2223	Ointment B.P. 2 oz.	2	1	0 7 6	ME(Q)
7899	Ointment P.L.	100 G.	1	0 11 0	Extemp.

Code No.	Approved Name, Manner of Administration, and Form	Max. Qty.	No. of Rpts.	Dispensed Price for Max. Qty.	Manufacturer
	ZINC OXIDE				
7667	Cream Oily P.L.	100 G.	1	0 9 9	Extemp.
7654	Cream Weak P.L.	100 G.	1	0 9 3	Extemp.
7554	Dusting Powder Compound P.L.	100 G.	1	0 8 8	Extemp.
7527	Ointment P.L.	100 G.	1	0 10 9	Extemp.
7558	Paste Compound P.L.	100 G.	1	0 10 3	Extemp.
	ZINC and SALICYLIC ACID				
7559	Paste P.L.	100 G.	1	0 10 6	Extemp.
	ZINC SULPHATE				
8825	Lotion P.L.	200 ml.	4	0 7 7	Extemp.

Code No.	Approved Name, Manner of Administration, and Form	Max. Qty.	No. of Rpts.	Dispensed Price for Max. Qty.	Manufacturer
	DARROW'S SOLUTION				
2242	1/2 litre	2	..	*1 7 8	BT, EV, FH, SJ(W)
2243	1 litre	2	..	*1 11 8	BT, BX, EV, FH, GL, SJ(W)
	DEXTROSE				
2244	5%, 1/2 litre	5	1	*3 4 8	BT, BX, EV, FH, SJ(W)
2245	5%, 1 litre	5	1	*3 14 8	BT, BX, EV, FH, GL, SJ(W)
2246	10%, 1/2 litre	2	1	*1 7 8	BT, BX, EV, FH, SJ(W)
2247	10%, 1 litre	2	1	*1 11 8	BT, BX, EV, FH, GL, SJ(W)
2248	20%, 1/2 litre	2	1	*1 7 8	BT, EV, FH, SJ(W)
2249	20%, 1 litre	2	1	*1 11 8	BT, BX, FH, SJ(W)
2250	25%, 1/2 litre	2	1	*1 7 8	BT, BX, FH, SJ(W)
2251	25%, 1 litre	2	1	*1 11 8	BX, FH, SJ(W)
2252	50%, 1/2 litre	2	1	*1 7 8	FH, SJ(W)
	GASTRIC REPLACEMENT SOLUTION				
2253	1/2 litre	2	..	*1 11 0	BX, FH, SJ(W)
2379	1 litre	2	..	*1 16 4	BX
	INTESTINAL REPLACEMENT SOLUTION				
2254	1/2 litre	2	..	*1 11 0	BX, FH, SJ(W)
2380	1 litre	2	..	*1 16 4	BX

Code No.	Approved Name, Manner of Administration, and Form	Max. Qty.	No. of Rpts.	Dispensed Price for Max. Qty.	Manufacturer
	POTASSIUM-FREE MAINTENANCE SOLUTION				
2255	1/2 litre	2	..	*1 11 0	BX, FH, SJ(W)
	PROCAINE HYDROCHLORIDE in NORMAL SALINE				
2256	0.1%, 1/2 litre	2	1	*1 7 8	BT
2257	0.1%, 1 litre	2	1	*1 11 8	BT
	SALINE LACTATE SOLUTION				
2258	1/2 litre	2	..	*1 11 0	BX, FH, SJ(W)
	SODIUM CHLORIDE				
2259	3%, 1/2 litre	2	1	*1 7 8	BT, FH, SJ(W)
2260	3%, 1 litre	2	1	*1 11 8	BT, BX, SJ(W)
2261	5%, 1/2 litre	2	1	*1 7 8	BT, FH, SJ(W)
2262	5%, 1 litre	2	1	*1 11 8	BT, BX, SJ(W)
	(Normal Saline - Physiological Solution)				
2263	1/2 litre	2	1	*1 7 8	BT, BX, EV, FH, SJ(W)
2264	1 litre	2	1	*1 11 8	BT, BX, EV, FH, GL, SJ(W)
	SODIUM CHLORIDE COMPOUND B.P.C. 1959				
2265	1/2 litre	4	1	*2 12 4	BT, EV, FH, SJ(W)
2266	1 litre	4	1	*3 0 4	BT, BX, EV, FH, GL, SJ(W)

	SODIUM CHLORIDE COMPOUND and DEXTROSE				
2267	5%, 1/2 litre	5	1	*3 4 8	BT, FH, SJ(W)
2268	5%, 1 litre	5	1	*3 14 8	BT, BX, FH, SJ(W)
2269	10%, 1 litre	3	1	*2 6 0	BT, BX, FH, SJ(W)
	SODIUM CHLORIDE and DEXTROSE				
	Dextrose in Normal Saline				
2270	5%, 1/2 litre	2	1	*1 7 8	BT, BX, EV, FH, SJ(W)
2271	5%, 1 litre	2	1	*1 11 8	BT, BX, EV, FH, GL, SJ(W)
2272	10%, 1/2 litre	2	1	*1 7 8	BT, EV, FH, SJ(W)
2273	10%, 1 litre	2	1	*1 11 8	BT, BX, EV, FH, GL, SJ(W)
2274	20%, 1/2 litre	2	1	*1 7 8	FH, SJ(W)
2275	20%, 1 litre	2	1	*1 11 8	BT, BX, FH, SJ(W)
2276	25%, 1/2 litre	2	1	*1 7 8	BT, FH, SJ(W)
2277	25%, 1 litre	2	1	*1 11 8	BT, BX, FH, SJ(W)
	Dextrose in 1/2 strength Normal Saline				
2278	2.5%, 1/2 litre	2	1	*1 7 8	BT, BX, EV, FH, SJ(W)
	Dextrose in 1/4 strength Normal Saline				
2279	3.75%, 1/2 litre	2	1	*1 7 8	BT, BX, FH, SJ(W)
	Dextrose in 1/5 strength Normal Saline				
2280	4%, 1/2 litre	5	1	*3 4 8	BT, BX, EV, SJ(W)
2281	4%, 1 litre	5	1	*3 14 8	BT, BX, EV, SJ(W)
2282	4.3%, 1 litre	5	1	*3 14 8	FH, GL

Code No.	Approved Name, Manner of Administration, and Form	Max. Qty.	No. of Rpts.	Dispensed Price for Max. Qty.	Manufacturer
	SODIUM LACTATE (Solution 1/6 Molar)				
2283	1/2 litre	2	1	*1 7 8	BT, SJ(W)
2284	1 litre	2	1	*1 11 8	BT, BX, FH, SJ(W)
	SODIUM LACTATE COMPOUND				
2285	1/2 litre	2	1	*1 7 8	BT, EV, SJ(W)
2286	1 litre	2	1	*1 11 8	BT, BX, EV, FH, GL, SJ(W)
	SODIUM LACTATE COMPOUND and DEXTROSE				
2287	5%, 1/2 litre	2	1	*1 7 8	BT, SJ(W)
2288	5%, 1 litre	2	1	*1 11 8	BT, BX, FH, SJ(W)
2289	10%, 1/2 litre	2	1	*1 7 8	BT, SJ(W)
2290	10%, 1 litre	2	1	*1 11 8	BT, FH, SJ(W)
	SODIUM SULPHATE				
2291	4.28%, 1/2 litre	2	1	*1 7 8	BT, SJ(W)
2292	4.28%, 1 litre	2	1	*1 11 8	BT, FH, SJ(W)
	STANDARD MAINTENANCE FLUID				
2293	1/2 litre	2	..	*1 11 0	BX, FH, SJ(W)
	TISSUE REPAIR SOLUTION - ACIDOSIS				
2294	1/2 litre	2	..	*1 11 0	BX, FH, SJ(W)
	TISSUE REPAIR SOLUTION - ALKALOSIS				
2295	1/2 litre	2	..	*1 11 0	BX, FH, SJ(W)

SECTION 3 SCHEDULE OF BENEFITS - RESTRICTED BENEFITS - AUGUST 1965.

Attention is drawn to paragraph 10(d) of the explanatory notes, which provides for the endorsement of prescriptions for restricted pharmaceutical benefits with the words "specified purpose". Abbreviations such as "Spec.Purp." or "S.P." will be accepted. Where a prescription is written for a pensioner for a drug which, although restricted, is not restricted as to disease for a pensioner, the pension number is sufficient identification and it is not necessary to endorse the prescription "specified purpose".

Code No.	Approved Name, Manner of Administration, Restriction and Form	Max. Qty.	No. of Rpts.	Dispensed Price for Max. Qty.	Manufacturer
	ACETYLSALICYLIC ACID				
	For the treatment of pensioners only.				
	Oral Tablet				
1007	150 mg.	100	2	0 7 0	KL
1008	300 mg.	100	2	0 5 5	AD, HY, KL, PR, RY, SI, SL
	Oral Tablet, Soluble				
1009	150 mg.	100	2	0 9 8	KL, NB
1010	300 mg.	100	2	0 8 4	DH, IQ, MG, PR, RT(V), RY, TO, VR
				0 8 11	BW, KL, NB, RC
				0 9 0 (ex 500)	HA
				0 10 8 (ex M.P.)	BW, DH, HA, IQ, KL, MG, NB, PR, RC, RT(V), RY, TO, VR
	ACETYLSALICYLIC ACID COMPOUND				
	For the treatment of pensioners only.				
1011	Oral Tablet A.P.F. 1955	100	2	0 6 7	AD, DH, KL, RT(V), RY, SI, SL
1012	Oral Tablet B.P.C.	100	2	0 6 8	DH, FA, KL, RY, TO
1013	Oral Tablet, Soluble	100	2	0 12 4	RC
	ALKAVERVIR				
	Hypertensive crises.				
1022	Injection I.V. 0.4 mg. per ml., 5 ml.	5	..	*3 1 1	RK

	AMITRIPTYLINE Maintenance treatment of a mental disorder in a patient discharged from an approved hospital at which he received treatment for a mental disorder, and living in a place remote from an approved hospital, with the authority of the Commonwealth Director of Health. For the treatment of a mental disorder in a person who has been discharged from an approved hospital at which he received treatment for a mental disorder, on presentation of a certificate from that hospital that the person was a person for whose treatment that benefit may be prescribed. Oral Tablet				
2417	10 mg.	100	2	1 3 8	MK, NS, RO
2418	25 mg.	100	2	2 3 0	MK, NS, RO
	AMPHOTERICIN B Systemic fungal infection.				
1047	Injection 50 mg. (solvent required)	1	..	2 2 4	SQ
	AMPICILLIN Authority necessary to prescribe (See Notes) for - Infections where positive bacteriological evidence confirms that ampicillin is the ONLY appropriate antibiotic.				
1048	Oral Capsule 250 mg.	50	..	9 18 8	BR, CS

Code No.	Approved Name, Manner of Administration, Restriction and Form	Max. Qty.	No. of Rpts.	Dispensed Price for Max. Qty.	Manufacturer
	ANEURINE HYDROCHLORIDE For the treatment of pensioners only. Oral Tablet				
1067	20 mg.	100	2	0 8 4	HY, KL, MG, PR, RT(V), SL
				0 9 8	MJ, RY, TO
1068	25 mg.	100	2	0 9 0	FA, HY, KL, MG, PR, RT(V), SL
				0 11 0	AD, DH, FM, RY, SI, TO
1069	50 mg.	100	2	0 11 0	FA, HY, KL, MG, PR, RT(V), SL
				0 13 8	AD, AN, DH, FM, RY, SI
1070	100 mg.	100	2	0 17 0	HY, KL, MG, PR, QE(QNVS), RT(V), SL
				0 19 0	AN, DH, FM, RY
1071	120 mg.	100	2	1 1 0	HY, KL, MG, PR, SL
	ASCORBIC ACID For the treatment of pensioners only. Oral Tablet				
1076	10 mg.	100	2	0 5 7	HY, RT(V)
1077	25 mg.	100	2	0 5 8	AD, DH, FA, FM, HY, KL, PR, RT(V), RY, SI
1078	50 mg.	100	2	0 7 4	AD, DH, FA, FM, HY, KL, NY, PD, PR, RT(V), RY, SI, SL
1079	100 mg.	100	2	0 10 0	DH, HY, KL, PR, QE(QNVS), RT(V), RY

1080	250 mg.	100	2	0	15	0	AD, AN, DH, FA, FM, HY, KL, NY, PD, PR, RT(V), RY, SI, SL
1081	500 mg.	100	2	1	5	0	HY, KL
	BEMEGRIDE Antidote for barbiturate and other hypnotic poisons.						
1104	Injection 5 mg. per ml., 30 ml.	5	..	*5	5	2	GH
	BETAMETHASONE Intra-articular use Injection						
1116	4 mg. in 1 ml.	2	..	*1	9	8	GL, SH
	Authority necessary to prescribe (See Notes) for - Acquired haemolytic anaemia; Acute disseminated encephalomyelitis; Acute exfoliative dermatitis; Acute rheumatic carditis; Adrenogenital syndrome; Agranulocytosis; Behcet's syndrome; Cranial arteritis; Cushing's syndrome including hyper-adrenocorticalism; Dermatomyositis; Encephalomyelitis; Guillain-Barres syndrome;						

Code No.	Approved Name, Manner of Administration, Restriction and Form	Max. Qty.	No. of Rpts.	Dispensed Price for Max. Qty.	Manufacturer
	BETAMETHASONE - cont.				
	Hamman-Rich syndrome - diffuse interstitial pulmonary fibrosis;				
	Hansen's disease;				
	Henoch's purpura;				
	Hodgkin's disease;				
	Idiopathic hypercalcaemia;				
	Inflammatory conditions of the Uveal tract and Retina;				
	Keratoplasty;				
	Leucine sensitive hypoglycaemia;				
	Leukaemia;				
	Lymphosarcoma and follicular lymphoma;				
	Metastatic breast cancer;				
	Mycosis fungoides;				
	Nephrosis or nephrotic syndrome;				
	Neuro-myelitis optica;				
	Nodular nonsuppurative panniculitis (Christian-Weber disease);				
	Optic neuritis following removal of tumors of the brain;				
	Panhypopituitarism;				
	Pemphigus;				
	Periarteritis nodosa;				
	Progressive or continuing hepatitis proven by biopsy or biochemistry;				
	Progressive transverse myelitis;				
	Pseudohermaphroditism;				

	Regional ileitis (Crohn's disease) Reticulum cell sarcoma; Sarcoidosis; Scleroderma; Severe reactions of the skin and mucosa following X-ray therapy; Splenic neutropenia; Sprue, tropical and non-tropical, and forms of mal absorption associated with these diseases; Status asthmaticus; Steroid therapy prior to operation for those patients under steroid therapy; Stevens Johnson syndrome; Still's disease in children under the age of sixteen years; Systemic lupus erythematosus; Sympathetic ophthalmitis; Temporal arteritis; Thrombocytopenic purpura; Type II nephritis; Ulcerative colitis proven by sigmoidoscopy or radiological report.				
1117	Oral Tablet 0.5 mg.	30	..	1 4 4	GL, SH
	BUSULPHAN Leukaemia.				
	Oral Tablet				
1127	0.5 mg.	100	2	0 19 8	BW
1128	2 mg.	100	2	1 4 4	BW

Code No.	Approved Name, Manner of Administration, Restriction and Form	Max. Qty.	No. of Rpts.	Dispensed Price for Max. Qty.	Manufacturer
	CALCIFEROL				
	For the treatment of pensioners for any disease or purpose.				
	Authority necessary to prescribe (See Notes) for -				
	Chronic Hypoparathyroid tetany;				
	Hypoparathyroidism;				
	Vitamin D-resistant rickets.				
1134	Oral Tablet 50,000 Units	100	2	1 4 0	GL
	CALCIUM AMINOSALICYLATE				
	(Calcium PAS)				
	Tuberculosis.				
	Cachet				
1137	1.5 G.	200	2	3 3 0	WA
				3 5 8	KL
1138	2.0 G.	200	2	4 3 0	WA
				4 5 8	KL
1139	Oral Tablet 500 mg.	200	2	1 0 8	KL, RY, WA
	Oral Granules				
1140	100 G.	1	1	1 16 8	WA
1141	400 G.	1	1	5 19 8	WA
	CALCIUM GLUCONATE				
	Hypoparathyroidism.				
1148	Oral Tablet (Effervescent) equivalent to 4 G. Calcium Gluconate	100	2	3 3 0	SZ

	CARAMIPHEN							
	Parkinsonism.							
1150	Oral Tablet 50 mg.	100	2	*2	5	0	GE	
	CARBAMAZEPINE							
	Epilepsy;							
	Trigeminal neuralgia.							
	Oral Tablet							
2419	200 mg.	100	1	3	3	0	GE	
	CHLORAMBUCIL							
	Malignant lymphoma and related conditions.							
	Oral Tablet							
1163	2 mg.	100	2	2	3	0	BW	
1164	5 mg.	100	2	3	3	0	BW	
	CHLORAMPHENICOL							
	Bacterial meningitis;							
	Rickettsial infections;							
	Haemophilus influenzae infections;							
	Intra-ocular infections;							
	Salmonella septicaemia;							
	Typhoid and paratyphoid;							
	Other serious infections sensitive only to chloramphenicol.							
	Oral Paediatric Suspension							
1165	125 mg. per 4 ml., 60 ml.	‡1	..	0	13	8	CW	
				0	16	0	EC, LT, PD	

Code No.	Approved Name, Manner of Administration, Restriction and Form	Max. Qty.	No. of Rpts.	Dispensed Price for Max. Qty.	Manufacturer
	CHLORAMPHENICOL - cont.				
	Injection				
1166	250 mg. per ml., 2 ml.	5	..	1 10 7	PD
1167	1 G. (solvent required)	3	..	*2 9 0	EC, LT, PD
	Paediatric Injection				
2385	250 mg. (solvent required)	3	..	*1 10 0	PD
	Oral Capsule				
1173	125 mg.	16	..	0 11 4	CS, KL, PT
				0 15 0	PD
1174	250 mg.	16	..	0 13 0	LF, PT
				0 13 6	CS, CW, KL, LT, SI
				1 2 9 (ex 100)	EC, PD, PH, VR
				0 16 8	KL, LF, PT
				0 17 0	CS, CW, LT, SI
				1 3 0 (ex M.P.)	EC, PD, PH, VR
	Oral Tablet				
1175	125 mg.	16	..	0 11 0	KL
1176	250 mg.	16	..	0 16 4	KL, PH
	CHLOROTRIANISENE				
	Carcinoma of the prostate.				
1188	Oral Tablet 24 mg.	30	2	2 0 7	ML
	CHLORPROMAZINE HYDROCHLORIDE				
	For the treatment of pensioners for any disease or purpose;				

	Late stage malignancy with the authority of the Commonwealth Director of Health; Radiation sickness with the authority of the Commonwealth Director of Health; Maintenance treatment of a mental disorder in a patient discharged from an approved hospital at which he received treatment for a mental disorder, and living in a place remote from an approved hospital, with the authority of the Commonwealth Director of Health; For the treatment of a mental disorder in a person who has been discharged from an approved hospital at which he received treatment for a mental disorder, on presentation of a certificate from that hospital that the person was a person for whose treatment that benefit may be prescribed.				
	Injection				
1193	1%, 5 ml.	10	..	0 19 4	MB
1194	2.5%, 1 ml.	10	..	0 12 4	MB
1195	2.5%, 2 ml.	10	..	0 16 8	MB
	Oral Tablet				
1196	10 mg.	100	2	0 13 0	MB
1197	25 mg.	100	2	0 18 10 (ex 500) 0 19 4 (ex M.P.)	MB
1198	50 mg.	100	2	1 15 0	MB
1199	100 mg.	100	2	3 4 4	MB

Code No.	Approved Name, Manner of Administration, Restriction and Form	Max. Qty.	No. of Rpts.	Dispensed Price for Max. Qty.	Manufacturer
	CHLORPROMAZINE HYDROCHLORIDE - cont.				
1200	Suppository 100 mg.	5	1	0 12 8	MB
1201	Syrup 25 mg. per 3.6 ml., 125 ml.	‡1	4	0 11 4	MB
	CHLORTETRACYCLINE				
	Brucellosis;				
	Herpes zoster ophthalmicus;				
	Intestinal amoebiasis;				
	Leptospirosis;				
	Lymphogranuloma venereum;				
	Psittacosis;				
	Rickettsial infections;				
	Any bacterial infections or actinomycosis or trachoma where these cannot be treated safely and effectively by sulphonamides or penicillins.				
	Pre-operative and post-operative therapy where there is reasonable evidence that infection may occur.				
	Oral Capsule				
1203	50 mg.	25	..	0 17 0	LE
1204	100 mg.	25	..	1 4 4	KL
				1 8 8	LE
1205	250 mg.	16	..	1 11 0	KL, LF
				2 0 0	LE
1206	Oral Paediatric Granules 75 G.	‡1	..	1 8 0	LE

	CODEINE COMPOUND B.P.				
	For the treatment of pensioners only.				
1215	Oral Tablet	100	2	0 8 8	HY, MG, SL
				0 9 5	AD, DH, FA, HA, KL, MR, PR, RT(V), RY, SI, TO, VR
				0 9 9 (ex 500)	BW
				0 9 8	AD, FA, HA, HY, MG, PR, RT(V), RY, SI, SL, TO
				0 11 0 (ex M.P.)	BW, DH, KL, MR, VR
1216	Oral Tablet, Soluble	100	2	0 13 8	HA, MG
				0 13 10	DH, KL, TO
				0 14 7 (ex 500)	BW, RC
				0 15 0 (ex M.P.)	BW, DH, HA, KL, MG, RC, TO
	CODEINE PHOSPHATE with ACETYLSALICYLIC ACID				
	For the treatment of pensioners only.				
1217	Oral Tablet 10 mg.-300 mg.	100	2	0 10 8	HY, KL, NS
				0 11 0	BW, EL
	Oral Tablet, Soluble				
1218	10 mg.-300 mg.	100	2	0 15 0	BW, FM, KL, NB
1219	10 mg.-500 mg.	100	2	0 16 0	FA
				0 16 8	RC

Code No.	Approved Name, Manner of Administration, Restriction and Form	Max. Qty.	No. of Rpts.	Dispensed Price for Max. Qty.	Manufacturer
	CODEINE PHOSPHATE with ACETYLSALICYLIC ACID and PHENACETIN				
	For the treatment of pensioners only.				
1220	Oral Tablet 10 mg.-250 mg.-250 mg.	100	2	0 13 7	FA, WW
	CODEINE PHOSPHATE with ACETYLSALICYLIC ACID, PHENACETIN and CAFFEINE				
	For the treatment of pensioners only.				
	Oral Tablet				
1221	12 mg.-250 mg.-150 mg.-15 mg.	100	2	0 17 0	GP
1222	30 mg.-225 mg.-150 mg.-30 mg.	50	..	0 14 8	BW, GP
	COD LIVER OIL				
	For the treatment of pensioners and for children under the age of twelve years.				
	†Emulsion				
1225	50%, 16 fl. oz.	1	4	†0 5 8	DH, SL, WD(N)
1226	(with instructions for use)				DH, SL, WD(N)
	CORTICOTROPHIN (ACTH)				
	Authority necessary to prescribe (See Notes) for-				
	The prevention of side effects of corticosteroid therapy;				
	Acquired haemolytic anaemia;				
	Acute disseminated encephalomyelitis;				
	Acute exfoliative dermatitis;				
	Acute rheumatic carditis;				

Addison's disease or other forms of adrenocortical hypoplasia;				
Adrenalectomy - total;				
Adrenogenital syndrome;				
Agranulocytosis;				
Behcet's syndrome;				
Cranial arteritis;				
Cushing's syndrome including hyper-adrenocorticalism;				
Dermatomyositis;				
Encephalomyelitis;				
Guillain-Barres syndrome;				
Hamman-Rich syndrome - diffuse interstitial pulmonary fibrosis;				
Hansen's disease;				
Henoch's purpura;				
Hodgkin's disease;				
Hypsarrhythmia;				
Idiopathic hypercalcaemia;				
Inflammatory conditions of the Uveal tract and Retina;				
Keratoplasty;				
Leucine sensitive hypoglycaemia;				
Leukaemia;				
Lymphosarcoma and follicular lymphoma;				
Metastatic breast cancer;				
Mycosis fungoides;				
Nephrosis or nephrotic syndrome;				
Neuro-myelitis optica;				
Optic neuritis following removal of tumors of the brain;				

Code No.	Approved Name, Manner of Administration, Restriction and Form	Max. Qty.	No. of Rpts.	Dispensed Price for Max. Qty.	Manufacturer
	CORTICOTROPHIN - cont. Panhypopituitarism; Pemphigus; Periarteritis nodosa; Progressive or continuing hepatitis proven by biopsy or biochemistry; Progressive transverse myelitis; Pseudohermaphroditism; Regional ileitis (Crohn's disease) Reticulum cell sarcoma; Salaam convulsions; Sarcoidosis; Scleroderma; Severe reactions of the skin and mucosa following X-ray therapy; Splenic neutropenia; Sprue, tropical and non-tropical, and forms of mal absorption associated with these diseases; Status asthmaticus; Steroid therapy prior to operation for those patients under steroid therapy; Stevens Johnson syndrome; Still's disease in children under the age of sixteen years; Systemic lupus erythematosus; Sympathetic ophthalmitis; Temporal arteritis; Thrombocytopenic purpura;				

	Type II nephritis;							
	Ulcerative colitis proven by sigmoidoscopy or radiological report.							
	Injection S.C. or I.M.							
2357	10 Units (solvent required)	5	..	*1	11	4	CK
1230	Set containing 10 Units and diluent	5	..	2	4	8	CS
1231	Set containing 20 Units and diluent	5	..	4	0	9	CS
1232	25 Units (solvent required)	5	..	*2	16	4	CK
1233	50 Units (solvent required)	5	..	*5	3	0	CK
	Injection I.V.						
1234	30 Units (solvent required)	5	..	*2	16	4	AR, CK
1235	75 Units (solvent required)	5	..	*5	14	3	AR
				*5	14	8	CK
	Gelatin Injection B.P.						
1237	50 Units in 1 ml.	5	..	9	11	11	CS
1238	20 Units per ml., 5 ml.	5	..	*13	3	0	AR, CK, SC
				18	9	8	CS
1239	40 Units per ml., 5 ml.	5	..	*20	0	1	AR
				*20	3	0	CK, SC
	Zinc Hydroxide Injection B.P.						
1240	20 Units per ml., 2 ml.	5	..	*5	9	8	OR
1241	20 Units per ml., 5 ml.	5	..	*13	3	0	OR
1242	40 Units per ml., 5 ml.	5	..	*20	3	0	OR
	CORTISONE ACETATE						
	Authority necessary to prescribe (See Notes) for -						
	Acquired haemolytic anaemia;						
	Acute disseminated encephalomyelitis;						
	Acute exfoliative dermatitis;						
	Acute rheumatic carditis;						

Code No.	Approved Name, Manner of Administration, Restriction and Form	Max. Qty.	No. of Rpts.	Dispensed Price for Max. Qty.	Manufacturer
	CORTISONE ACETATE - cont.				
	Addison's disease or other forms of adrenocortical hypoplasia;				
	Adrenalectomy - total;				
	Adrenogenital syndrome;				
	Agranulocytosis;				
	Behcet's syndrome;				
	Cranial arteriitis;				
	Cushing's syndrome including hyper-adrenocorticalism;				
	Dermatomyositis;				
	Encephalomyelitis;				
	Guillain-Barres syndrome;				
	Hamman-Rich syndrome - diffuse interstitial pulmonary fibrosis;				
	Hansen's disease;				
	Henoch's purpura;				
	Hodgkin's disease;				
	Idiopathic hypercalcaemia;				
	Inflammatory conditions of the Uveal tract and Retina;				
	Keratoplasty;				
	Leucine sensitive hypoglycaemia;				
	Leukaemia;				
	Lymphosarcoma and follicular lymphoma;				
	Metastatic breast cancer;				
	Mycosis fungoides;				
	Nephrosis or nephrotic syndrome;				

Neuro-myelitis optica;
Optic neuritis following removal of tumors of the brain;
Panhypopituitarism;
Pemphigus;
Periarteritis nodosa;
Progressive or continuing hepatitis proven by biopsy or biochemistry;
Progressive transverse myelitis;
Pseudohermaphroditism;
Regional ileitis (Crohn's disease)
Reticulum cell sarcoma;
Sarcoidosis;
Scleroderma;
Severe reactions of the skin and mucosa following X-ray therapy;
Splenic neutropenia;
Sprue, tropical and non-tropical, and forms of mal absorption associated with these diseases;
Status asthmaticus;
Steroid therapy prior to operation for those patients under steroid therapy;
Stevens Johnson syndrome;
Still's disease in children under the age of sixteen years;
Systemic lupus erythematosus;
Sympathetic ophthalmitis;
Temporal arteritis;
Thrombocytopenic purpura;
Type II nephritis;

Code No.	Approved Name, Manner of Administration, Restriction and Form	Max. Qty.	No. of Rpts.	Dispensed Price for Max. Qty.	Manufacturer
	CORTISONE ACETATE - cont.				
	Ulcerative colitis proven by sigmoidoscopy or radiological report.				
	Injection				
1243	25 mg. per ml., 10 ml.	1	..	1 3 8	GL, RL
1244	25 mg. per ml., 20 ml.	1	..	2 4 4	AN, MK
1245	50 mg. per ml., 10 ml.	1	..	2 4 4	AN, MK
	Oral Tablet				
1246	5 mg.	50	..	0 19 8	PT
				1 3 8	AN, MK
				*1 4 10	SC
1247	25 mg.	40	..	3 9 8	KL, PT
				4 6 4	AN, BT, CS, DH, GL, MK, PD, RL
	CYANOCOBALAMIN (B12)				
	Established megalocytic anaemias.				
	Injection				
1255	20 mcg. in 1 ml.	10	1	0 15 0	KL
				*0 15 8	GL
1256	50 mcg. in 1 ml.	5	1	0 9 1	DL
				0 9 8	FH
				0 10 3	BT, GL
1257	50 mcg. per ml., 10 ml.	1	..	0 9 8	GL
1258	100 mcg. in 1 ml.	5	1	0 10 9	PT
				0 11 0	BX
				0 11 1	DL, KL

				0	11	11	FH
				0	12	4	BT, EV, GL, MJ
1259	100 mcg. per ml., 10 ml.	1	..	0	13	0	PT
				0	13	8	BX, GL, KL, MJ
1260	200 mcg. in 1 ml.	1	..	*0	7	2	FH
				*0	7	4	GL
				0	7	4	BT
1261	500 mcg.	1	..	0	6	4	GL, KL
	Neuroblastoma.						
	Subacute combined degeneration of the cord.						
1262	Injection, 1,000 mcg.	1	..	0	7	8	HY, KL, PT
				0	7	9	DF
				0	8	7	DL, GL
				0	9	0	BX, MJ
	DEMETHYLCHLORTETRACYCLINE						
	(DMChlortetracycline)						
	Brucellosis;						
	Intestinal amoebiasis;						
	Leptospirosis;						
	Lymphogranuloma venereum;						
	Psittacosis;						
	Rickettsial infections;						
	Any bacterial infections or actinomycosis or trachoma where these cannot be treated safely and effectively by sulphonamides or penicillins.						
	Pre-operative and post-operative therapy where there is reasonable evidence that infection may occur.						

Code No.	Approved Name, Manner of Administration, Restriction and Form	Max. Qty.	No. of Rpts.	Dispensed Price for Max. Qty.	Manufacturer
	DEMETHYLCHLORTETRACYCLINE - cont.				
	Oral Capsule				
1276	75 mg.	14	..	1 4 0	LE
1277	150 mg.	14	..	1 18 10	LE
				(ex 100)	
				2 3 0	LE
				(ex M.P.)	
	Oral Paediatric Drops				
1278	60 mg. per ml., 10 ml.	‡1	..	0 17 0	LE
	Oral Paediatric Suspension				
1279	75 mg. per 5 ml., 100 ml.	‡1	..	1 17 7	LE
	DEOXYCORTONE				
	Addison's disease;				
	Adrenalectomy-total.				
	Aqueous Injection				
1280	5 mg. in 1 ml.	5	..	*1 18 7	SC
				2 5 0	CB
1281	10 mg. per ml., 5 ml.	1	..	*3 7 6	SC
				3 13 0	CB
1282	Aqueous Suspension Injection 25 mg.	1	..	2 1 8	CB
	Oily Injection				
1283	5 mg.	5	..	1 16 4	CB
				*1 19 10	SC
1284	10 mg.	5	..	3 1 4	CB
				*3 7 5	SC
1285	10 mg. per ml., 10 ml.	1	..	5 14 4	CB

1286	Implant 100 mg.	1	..	4	9	8	CB, OR
	Oral Tablet							
1287	1 mg.	40	..	1	15	0	CB
				*1	15	0	SC
				1	15	4	OR
1288	5 mg.	20	..	3	7	0	CB
	DEXAMETHASONE							
	Intra-articular use.							
	Injection							
1290	5 mg. in 1 ml.	5	..	*4	6	4	OR
1291	4 mg. per ml., 2 ml.	5	..	*6	16	4	MK
	Authority necessary to prescribe (See Notes) for -							
	Acquired haemolytic anaemia;							
	Acute disseminated encephalomyelitis;							
	Acute exfoliative dermatitis;							
	Acute rheumatic carditis;							
	Adrenogenital syndrome;							
	Agranulocytosis;							
	Behcet's syndrome;							
	Cranial arteritis;							
	Cushing's syndrome including hyper-adrenocorticalism;							
	Dermatomyositis;							
	Encephalomyelitis;							
	Guillain-Barres syndrome;							
	Hamman-Rich syndrome - diffuse interstitial pulmonary fibrosis;							

Code No.	Approved Name, Manner of Administration, Restriction and Form	Max. Qty.	No. of Rpts.	Dispensed Price for Max. Qty.	Manufacturer
	DEXAMETHASONE - cont.				
	Hansen's disease;				
	Henoch's purpura;				
	Hodgkin's disease;				
	Idiopathic hypercalcaemia;				
	Inflammatory conditions of the Uveal tract and Retina;				
	Keratoplasty;				
	Leucine sensitive hypoglycaemia;				
	Leukaemia;				
	Lymphosarcoma and follicular lymphoma;				
	Metastatic breast cancer;				
	Mycosis fungoides;				
	Nephrosis or nephrotic syndrome;				
	Neuro-myelitis optica;				
	Nodular nonsuppurative panniculitis (Christian-Weber disease);				
	Optic neuritis following removal of tumors of the brain;				
	Panhypopituitarism;				
	Pemphigus;				
	Periarteritis nodosa;				
	Progressive or continuing hepatitis proven by biopsy or biochemistry;				
	Progressive transverse myelitis;				
	Pseudohermaphroditism;				
	Regional ileitis (Crohn's disease);				
	Reticulum cell sarcoma;				

	Sarcoidosis; Scleroderma; Severe reactions of the skin and mucosa following X-ray therapy; Splenic neutropenia; Sprue, tropical and non-tropical, and forms of mal absorption associated with these diseases; Status asthmaticus; Steroid therapy prior to operation for those patients under steroid therapy; Stevens Johnson syndrome; Still's disease in children under the age of sixteen years; Systemic lupus erythematosus; Sympathetic ophthalmitis; Temporal arteritis; Thrombocytopenic purpura; Type II nephritis; Ulcerative colitis proven by sigmoidoscopy or radiological report.				
1292	Oral Tablet 0.5 mg.	30	..	2 12 4	GL, LT, MK, OR, RL, SC, SH
	DIENOESTROL Carcinoma of the prostate; Mammary carcinoma; For the treatment of pensioners for any disease or purpose.				

Code No.	Approved Name, Manner of Administration, Restriction and Form	Max. Qty.	No. of Rpts.	Dispensed Price for Max. Qty.	Manufacturer
	DIENOESTROL - cont.				
	Oral Tablet				
1306	0.3 mg.	100	2	0 6 0	AD, DH, HA, HY, KL, MG, RT(V), SI, SL
1307	1 mg.	100	2	0 6 9	AD, DH, HA, HY, KL, MG, RT(V), SI, SL
1308	5 mg.	100	2	0 9 8	AD, DF, DH, HA, HY, KL, MG, RT(V), SI, SL
1309	10 mg.	100	2	0 15 8	DH, HA, HY, KL
	For the treatment of pensioners only.				
1310	Cream 0.01%, 3 oz.	1	1	0 10 7	OO
	DIHYDROSTREPTOMYCIN SULPHATE				
	If the patient is allergic to streptomycin, for the treatment of:-				
	Bacillary dysentery not responding to sulphonamides;				
	Brucellosis;				
	Chancroid;				
	Endocarditis due to streptococcus faecalis;				
	Endocarditis due to streptococcus viridans;				
	Infections due to Friedlander bacillus;				
	Infections due to haemophilus influenzae;				
	Infections due to pseudomonas pyocyanea;				
	Plague;				
	Rat-bite fever - streptobacillus moniliformis;				
	Salmonella infections;				

	Surgical conditions of the bowel (pre-operative and post-operative); Surgical conditions of the thoracic organs; Tuberculosis; Tularaemia; Urinary tract infections which do not respond to sulphonamides.				
1326	Injection 1 G. (solvent required)	5	3	*0 19 8	GL
	DIHYDROTACHYSTEROL Parathyroid deficiency.				
1482	Oral Solution 0.25 mg. per ml., 15 ml.	1	..	1 16 11	BA
1483	Oral Capsule 0.125 mg.	100	1	5 3 8	BA
	DI-IODOHYDROXYQUINOLINE (Diodoquinoline) Trichomonal or monilial vaginitis.				
1331	Compound Vaginal Tablet 100 mg.	25	..	0 15 0	VR
				0 16 4	SR
1332	Effervescent Gynaecological Pessary 200 mg.	20	..	0 16 4	DF
	DILOXANIDE FUROATE Amoebic dysentery.				
1333	Oral Tablet 500 mg.	15	..	1 3 0	BT
	DISODIUM STILBOESTROL DIPHOSPHATE (Sod. Stilboestrol) Carcinoma of the prostate.				
1352	Injection 50 mg. per ml., 5 ml.	10	..	4 7 5	MJ

Code No.	Approved Name, Manner of Administration, Restriction and Form	Max. Qty.	No. of Rpts.	Dispensed Price for Max. Qty.	Manufacturer
	DISODIUM STILBOESTROL DIPHOSPHATE - cont.				
1353	Oral Tablet 100 mg.	100	2	9 1 8	MJ
	DITHIAZANINE IODIDE				
	Infestations of Trichuris trichiura or Strongyloides stercoralis.				
	Oral Tablet				
1355	50 mg.	30	..	1 4 4	LY
1356	100 mg.	30	..	*2 0 4	LY
	ERYTHROMYCIN				
	Staphylococcal septicaemia or pneumonia;				
	Any gram-positive bacterial infections where these cannot be treated safely and effectively by sulphonamides or penicillins.				
	Oral Paediatric Sachet.				
1390	125 mg.	12	..	1 3 1	LY
1391	200 mg.	12	..	1 3 0	AB
	Oral Paediatric Suspension				
1392	100 mg. per 5 ml., 100 ml.	‡1	..	1 16 4	AB
2425	125 mg. per 5 ml., 100 ml.	‡1	..	1 16 4	DL, LY
	Oral Paediatric Syrup				
1394	200 mg. per 5 ml., 100 ml.	‡1	..	1 16 4	AB
	Injection				
1395	I.M. 50 mg. per ml., 2 ml.	5	..	2 19 1	AB
1396	I.V. 250 mg., 20 ml. (solvent required)	5	..	*4 16 9	LY
1397	I.V. 1 G. in 50 ml. (solvent required)	1	..	3 7 0	LY
1398	300 mg. in 10 ml.	5	..	6 1 1	AB

	Oral Tablet				
1399	100 mg.	25	..	1 11 9	AB, LY, UP
1400	125 mg.	25	..	1 11 9	LY
1401	250 mg.	16	..	2 0 3	AB, LY, UP
				(ex 100)	
				2 4 8	AB, LY, UP
				(ex M.P.)	
	Oral Capsule				
1402	125 mg.	25	..	1 11 9	AB, LY
				1 15 11	DL
1403	250 mg.	16	..	2 0 3	AB, LY
				2 5 6	DL
				(ex 100)	
				2 4 8	AB, LY
				2 10 8	DL
				(ex M.P.)	
	ETHINYLOESTRADIOL				
	Pre-menopausal castration syndrome;				
	Turner's syndrome;				
	For the treatment of pensioners for any disease or purpose.				
	Oral Tablet				
1405	0.01 mg.	50	..	0 7 0	HY, KL, VR
				*0 7 6	BD, OR
				*0 8 4	HA
1406	0.02 mg.	50	..	0 8 11	HY, KL
				*0 8 11	HA
				0 9 5	VR

Code No.	Approved Name, Manner of Administration, Restriction and Form	Max. Qty.	No. of Rpts.	Dispensed Price for Max. Qty.	Manufacturer
	ETHINYLOESTRADIOL - cont.				
	1406 - continued			*0 9 8	BD, OR
				*0 10 1	SC
1407	0.05 mg.	50	..	*0 9 1	HA
				0 11 0	HY, KL, VR
				*0 11 0	BD, OR
				*0 11 4	SC
1408	1 mg.	50	..	2 3 0	HY, KL
				*2 4 4	BD, OR
				*2 12 11	HA
	ETHISTERONE				
	Turner's syndrome.				
	Oral Tablet				
1409	5 mg.	50	..	1 8 4	KL, PT, RT(V)
				1 11 0	SC
				*1 12 4	BD, VR
1410	10 mg.	50	..	2 11 0	KL, PT, RT(V)
				*2 16 4	BD, SC, VR
1411	25 mg.	50	..	4 19 0	KL, PT, RT(V)
				5 8 4	SC
				*5 9 8	BD, VR
	ETHYLOESTRENOL				
	Long-term corticosteroid therapy with the authority of the Commonwealth Director of Health.				

	Mammary carcinoma (authority not required) Senile osteoporosis proven by radiological report (authority not required). Oral Tablet				
2370	2 mg.	100	1	4 1 8	OR
	FLUDROCORTISONE ACETATE Addison's disease or other forms of adrenocortical hypoplasia. Oral Tablet				
1433	0.1 mg.	100	..	2 4 0	SQ
1434	1 mg.	30	..	5 5 4	SQ
	FLUOXYMESTERONE Long-term corticosteroid therapy with authority of the Commonwealth Director of Health. Castration syndrome (male and female) (authority not required); Mammary carcinoma (authority not required)				
1435	Oral Tablet 5 mg.	100	2	10 1 0	UP
	FOLIC ACID Sprue or the sprue-like syndrome; Macrocytic anaemia.				
1436	Injection 15 mg. in 1 ml.	10	..	1 6 4 *1 11 6	FH AN
1437	Oral Tablet 5 mg.	100	2	0 13 0	AD, AN, HY, KL, MG, PD, PR, RT(V), RY, SI, TO

Code No.	Approved Name, Manner of Administration, Restriction and Form	Max. Qty.	No. of Rpts.	Dispensed Price for Max. Qty.	Manufacturer
	GOATS MILK - DEHYDRATED				
	Authority necessary to prescribe (See Notes) for -				
	Cows milk allergy in children under the age of four (4) years.				
2446	Powder 1 lb.	4	..	*7 4 0	CI
	GRISEOFULVIN				
	Authority necessary to prescribe (See Notes) for -				
	Use in severe tinea infections due to microsporum, trichophyton or epidermophyton species which have been proven by laboratory examination.				
1460	Oral Tablet 125 mg.	100	..	4 3 0	GL, IC
	HALIBUT LIVER OIL				
	For the treatment of pensioners only.				
	Oral Capsule				
1463	4,500 Units Vitamin A	100	1	0 19 0	KL, MG, SL
1464	6,000 Units Vitamin A	100	1	*0 18 0	CK
	HYDROCORTISONE				
	Authority necessary to prescribe (See Notes) for -				
	Acquired haemolytic anaemia;				
	Acute disseminated encephalomyelitis;				
	Acute exfoliative dermatitis;				
	Acute rheumatic carditis;				
	Addison's disease or other forms of adrenocortical hypoplasia;				

Adrenalectomy - total;				
Adrenogenital syndrome;				
Agranulocytosis;				
Behcet's syndrome;				
Cranial arteritis;				
Cushing's syndrome including hyper-adrenocorticalism;				
Dermatomyositis;				
Encephalomyelitis;				
Guillain-Barres syndrome;				
Hamman-Rich syndrome - diffuse interstitial pulmonary fibrosis;				
Hansen's disease;				
Henoch's purpura;				
Hodgkin's disease;				
Idiopathic hypercalcaemia;				
Inflammatory conditions of the Uveal tract and Retina;				
Keratoplasty;				
Leucine sensitive hypoglycaemia;				
Leukaemia;				
Lymphosarcoma and follicular lymphoma;				
Metastatic breast cancer;				
Mycosis fungoides;				
Nephrosis or nephrotic syndrome;				
Neuro-myelitis optica;				
Optic neuritis following removal of tumors of the brain;				
Panhypopituitarism;				
Pemphigus;				

Code No.	Approved Name, Manner of Administration, Restriction and Form	Max. Qty.	No. of Rpts.	Dispensed Price for Max. Qty.	Manufacturer
	HYDROCORTISONE - cont.				
	Periarteritis nodosa;				
	Progressive or continuing hepatitis proven by biopsy or biochemistry;				
	Progressive transverse myelitis;				
	Pseudohermaphroditism;				
	Regional ileitis (Crohn's disease)				
	Reticulum cell sarcoma;				
	Sarcoidosis;				
	Scleroderma;				
	Severe reactions of the skin and mucosa following X-ray therapy;				
	Splenic neutropenia;				
	Sprue, tropical and non-tropical, and forms of mal absorption associated with these diseases;				
	Status asthmaticus;				
	Steroid therapy prior to operation for those patients under steroid therapy;				
	Stevens Johnson syndrome;				
	Still's disease in children under the age of sixteen years;				
	Systemic lupus erythematosus;				
	Sympathetic ophthalmitis;				
	Temporal arteritis;				
	Thrombocytopenic purpura;				
	Type II nephritis;				
	Ulcerative colitis proven by sigmoidoscopy or radiological report.				

	Injection, I.V. (or Rectal Drip)				
1486	5 mg. per ml., 20 ml.	1	..	1 13 0	PT
	HYDROCORTISONE ACETATE				
	Intra-articular use.				
	Injection				
1498	25 mg. in 1 ml.	5	..	1 17 5	PT
				2 7 5	BT, MK, RL, UP
				2 7 7	AB, AN
				*2 7 7	SC
				*2 11 6	GL
1499	25 mg. per ml., 5 ml.	1	..	1 19 0	PT
				2 8 4	AB, AN, GL, MK, RL, UP
	HYDROCORTISONE SODIUM SUCCINATE				
	Acute adrenal failure due to medical or surgical crises;				
	Stevens Johnson syndrome.				
1501	Injection set containing 100 mg. and solvent	2	..	*7 12 4	BT, GL, UP
	Authority necessary to prescribe (See Notes) for -				
	Ulcerative colitis proven by sigmoidoscopy or radiological report.				
1502	Soluble Tablet for Rectal Drip 100 mg. (solvent required)	7	1	5 9 8	GL
	HYDROXOCOBALAMIN				
	Established megalocytic anaemias.				
1510	Injection 100 mcg. in 1 ml.	5	1	0 12 0	KL, MK
				0 12 4	GL

Code No.	Approved Name, Manner of Administration, Restriction and Form	Max. Qty.	No. of Rpts.	Dispensed Price for Max. Qty.	Manufacturer
	HYDROXOCOBALAMIN - cont.				
	Neuroblastoma;				
	Subacute combined degeneration of the cord.				
1151	Injection 1,000 mcg. in 1 ml.	1	..	0 8 7	GL, KL
				0 9 0	MK
	HYDROXYPROGESTERONE CAPROATE				
	Habitual abortion.				
1513	Injection 250 mg.	3	..	*4 15 0	RM
				4 15 0	SC
	IMIPRAMINE				
	Maintenance treatment of a mental disorder in a patient discharged from an approved hospital at which he received treatment for a mental disorder, and living in a place remote from an approved hospital, with the authority of the Commonwealth Director of Health.				
	For the treatment of a mental disorder in a person who has been discharged from an approved hospital at which he received treatment for a mental disorder, on presentation of a certificate from that hospital that the person was a person for whose treatment that benefit may be prescribed.				
	Oral Tablet				
2420	10 mg.	100	2	1 4 4	GE
2421	25 mg.	100	2	2 6 4	PT
				2 11 0	GE

	ISONIAZID				
	Tuberculosis.				
	Oral Tablet				
1553	50 mg.	200	2	0 11 0	DH, HY, KL, RY
				0 13 0	AN
				*0 13 8	AD, DF, SI
				0 13 8	HA
				*0 17 8	RO
1554	100 mg.	100	2	0 13 0	AD, AN, DH, HY, KL, RY, SI
				0 16 4	RO
	KANAMYCIN				
	Authority necessary to prescribe (See Notes) for -				
	Infections where positive bacteriological evidence confirms that kanamycin is the ONLY appropriate antibiotic.				
	Injection				
1562	250 mg.	5	..	*2 13 0	SI
1563	500 mg.	5	..	*3 16 4	BC
1564	1 G.	5	..	*6 3 0	BC, SI
	Oral Capsule				
2388	250 mg.	16	..	2 11 0	BC
	Oral Solution				
2387	100 mg. per ml., 30 ml.	‡1	..	1 19 0	BC
	LEVORPHANOL TARTRATE				
	Obstetric use;				
	Severe intractable pain.				
1568	Injection 2 mg. per ml., 1.1 ml.	5	..	0 10 4	RO
1569	Oral Tablet 1.5 mg.	50	..	*1 0 6	RO

Code No.	Approved Name, Manner of Administration, Restriction and Form	Max. Qty.	No. of Rpts.	Dispensed Price for Max. Qty.	Manufacturer
	LIOTHYRONINE				
	Myxoedema				
	Myxoedema coma				
2318	Oral Tablet 20 mcg.	50	..	0 12 8	GL
	LYPRESSIN				
	Diabetes Insipidus.				
	Nasal Spray				
2401	50 Units per ml., 5 ml.	4	2	*3 17 8	SZ
	MEDROXYPROGESTERONE				
	Endometrial Carcinoma.				
2319	Injection 50 mg. in 1 ml.	1	..	2 8 4	UP
	Oral Tablet				
2320	2.5 mg.	25	..	2 5 0	UP
2321	10 mg.	25	..	6 3 0	UP
	MERCAPTOPURINE				
	Allergic angiitis;				
	Leukaemia;				
	Lupus erythematosus;				
	Periarteritis.				
1598	Oral Tablet 50 mg.	25	..	4 3 0	BW
	MESTANOLONE				
	Long-term corticosteroid therapy with authority of the Commonwealth Director of Health.				
	Mammary carcinoma (authority not required);				

1603	Oral Tablet 25 mg.	100	2	8	3	0	RL
	METHACYCLINE						
	Brucellosis;						
	Intestinal amoebiasis;						
	Leptospirosis;						
	Lymphogranuloma venereum;						
	Psittacosis;						
	Rickettsial infections.						
	Any bacterial infections or actinomycosis or trachoma where these cannot be treated safely and effectively by sulphonamides or penicillins.						
	Pre-operative and post-operative therapy where there is reasonable evidence that infection may occur.						
	Oral Capsule						
2396	75 mg.	14	..	1	5	0	GP
2397	150 mg.	14	..	2	5	0	GP
	METHANDIENONE						
	Long-term corticosteroid therapy with authority of the Commonwealth Director of Health.						
	Senile osteoporosis proven by radiological report. (authority not required)						
1610	Oral Tablet 5 mg.	100	2	4	1	8	CB

Code No.	Approved Name, Manner of Administration, Restriction and Form	Max. Qty.	No. of Rpts.	Dispensed Price for Max. Qty.	Manufacturer
	METHENOLONE ACETATE				
	Long-term corticosteroid therapy with authority of the Commonwealth Director of Health.				
	Senile osteoporosis proven by radiological report (authority not required);				
	Oral Tablet				
1619	1 mg.	50	1	0 13 8	SC
1620	5 mg.	50	1	2 3 0	SC
	METHOTREXATE				
	Leukaemia and neo-plastic disease.				
1622	Oral Tablet 2.5 mg.	100	..	7 3 0	LE
	MILK POWDER - SYNTHETIC				
	Authority necessary to prescribe (See Notes) for - Galactosaemia.				
1637	Low Lactose Compound Powder 14 oz.	6	..	*6 12 0	TF
	MORPHINE with TACRINE				
	Severe intractable pain.				
1667	Oral Tablet 30 mg.-15 mg.	50	1	5 3 0	WH
	MUSTINE HYDROCHLORIDE				
	Malignant lymphoma and related conditions.				
1668	Injection 10 mg. (solvent required)	1	..	0 19 8	BT

	NANDROLONE DECANOATE Long-term corticosteroid therapy with authority of the Commonwealth Director of Health. Mammary carcinoma (authority not required); Senile osteoporosis proven by radiological report (authority not required).						
1671	Injection 50 mg. in 1 ml.	1	..	3	19	0	OR
	NANDROLONE PHENYLPROPIONATE Long-term corticosteroid therapy with authority of the Commonwealth Director of Health. Mammary carcinoma (authority not required); Senile osteoporosis proven by radiological report (authority not required).						
1672	Injection 25 mg. in 1 ml.	3	..	3	7	0	OR
	NICOTINIC ACID For the treatment of pensioners only. Oral Tablet						
1684	25 mg.	100	2	0	5	0	HY, KL, RY
1685	50 mg.	100	2	0	6	4	AD, DH, HY, KL, MG, RT(V), RY, SI
1686	100 mg.	100	2	0	7	0	DH, HY, KL, RT(V), RY
1687	250 mg.	100	2	0	9	8	AD, HY, KL, RT(V), RY, SI

Code No.	Approved Name, Manner of Administration, Restriction and Form	Max. Qty.	No. of Rpts.	Dispensed Price for Max. Qty.	Manufacturer
	NITROFURANTOIN				
	Urinary tract infections.				
	Oral Tablet				
1689	50 mg.	25	1	1 11 1	SK
				(ex 100)	
				1 13 5	SK
				(ex M.P.)	
1690	100 mg.	25	1	2 13 5	SK
				(ex 100)	
				2 17 11	SK
				(ex M.P.)	
	Oral Paediatric Suspension				
1691	25 mg. per 5 ml., 200 ml.	‡1	..	1 7 5	SK
	NITROMIN				
	Malignant lymphoma and related conditions.				
1692	Injection 50 mg. (solvent required)	5	1	4 6 4	SI
1693	Oral Tablet 5 mg.	100	2	5 16 4	SI
	NYSTATIN				
	Proven monilia infections.				
1696	Oral Tablet 500,000 Units	50	..	3 7 8	SQ
1697	Vaginal Tablet 100,000 Units	15	..	1 1 4	SQ

	OXYMESTERONE				
	Long-term corticosteroid therapy with authority of the Commonwealth Director of Health.				
	Senile osteoporosis proven by radiological report (authority not required);				
1711	Oral Tablet 5 mg.	50	1	2 0 4	MB
	OXYTETRACYCLINE				
	Brucellosis;				
	Intestinal amoebiasis;				
	Leptospirosis;				
	Lymphogranuloma venereum;				
	Psittacosis;				
	Rickettsial infections;				
	Any bacterial infections or actinomycosis or trachoma where these cannot be treated safely and effectively by sulphonamides or penicillins.				
	Pre-operative and post-operative therapy where there is reasonable evidence that infection may occur.				
	Oral Tablet				
1715	100 mg.	25	..	1 12 8	PF
1716	250 mg.	16	..	2 6 4	PF
	Oral Paediatric Suspension				
1717	125 mg. per 5 ml., 100 ml.	‡1	..	1 15 8	PF
	Oral Paediatric Drops				
1718	100 mg. per ml., 10 ml.	‡1	..	0 15 8	PF

Code No.	Approved Name, Manner of Administration, Restriction and Form	Max. Qty.	No. of Rpts.	Dispensed Price for Max. Qty.	Manufacturer
	OXYTETRACYCLINE - cont.				
	Injection -				
1719	I.M. 100 mg.	5	..	2 17 0	PF
1720	I.M. 250 mg.	5	..	5 9 0	PF
1721	I.V. 250 mg.	5	..	4 18 0	PF
	Oral Capsule				
1723	100 mg.	25	..	1 12 8	PF
1724	250 mg.	16	..	2 1 4 (ex 100)	PF
				2 6 4 (ex M.P.)	
	OXYTOCIN				
	Induction of labour.				
1731	Nasal Spray 200 Units in 5 ml. solution	‡1	..	1 3 8	SZ
	PANCREATIN CONCENTRATE				
	Fibrocystic disease;				
	Pancreatico-duodenectomy;				
	Pancreatic steatorrhoea.				
	Oral Powder				
1732	1 oz. (twice B.P. strength)	8	2	*5 17 8	PD
1733	500 G. (5 times B.P. strength)	1	..	14 9 8	ST
	Oral Tablet				
1734	300 mg. (3 times B.P. strength)	200	2	*1 19 8	PD

	PANCREATIN ENZYME				
	(4 times USNF.XI strength)				
	Fibrocystic disease;				
	Pancreatico-duodenectomy;				
	Pancreatic steatorrhoea.				
1735	Oral Tablet 300 mg.	500	1	13 17 4	AN
1736	Oral Powder 8 oz.	‡1	2	11 13 8	AN
	PARA-AMINOSALICYLIC ACID				
	Tuberculosis.				
1744	Oral Tablet 500 mg.	500	2	2 7 4	AN, DH, KL
	PARAFFIN LIQUID				
	For the treatment of pensioners only.				
7486	Emulsion P.L.	400 ml.	4	0 17 10	Extemp.
	†Emulsion				
1750	16 fl. oz.	1	4	†0 7 3	WY
1751	(with instructions for use)				WY
	†Emulsion with Phenolphthalein				
1752	450 ml. (16 fl. oz.)	1	4	†0 6 6	FA, MG, SI, SL, WD(N)
				†0 7 3	DH, PR, WW, WY
1753	(with instructions for use)				FA, MG, SI, SL, WD(N)
					DH, PR, WW, WY
	PARAMETHASONE ACETATE				
	Authority necessary to prescribe (See Notes) for -				
	Acquired haemolytic anaemia;				
	Acute disseminated encephalomyelitis;				
	Acute exfoliative dermatitis;				
	Acute rheumatic carditis;				

Code No.	Approved Name, Manner of Administration, Restriction and Form	Max. Qty.	No. of Rpts.	Dispensed Price for Max. Qty.	Manufacturer
	PARAMETHASONE ACETATE - cont.				
	Addison's disease or other forms of adrenocortical hypoplasia;				
	Adrenalectomy - total;				
	Adrenogenital syndrome;				
	Agranulocytosis;				
	Behcet's syndrome;				
	Cranial arteritis;				
	Cushing's syndrome including hyper-adrenocorticalism;				
	Dermatomyositis;				
	Encephalomyelitis;				
	Guillain-Barres syndrome;				
	Hamman-Rich syndrome - diffuse interstitial pulmonary fibrosis;				
	Hansen's disease;				
	Henoch's purpura;				
	Hodgkin's disease;				
	Idiopathic hypercalcaemia;				
	Inflammatory conditions of the Uveal tract and Retina;				
	Keratoplasty;				
	Leucine sensitive hypoglycaemia;				
	Leukaemia;				
	Lymphosarcoma and follicular lymphoma;				
	Metastatic breast cancer;				
	Mycosis fungoides;				
	Nephrosis or nephrotic syndrome;				

Neuro-myelitis optica;				
Optic neuritis following removal of tumors of the brain;				
Panhypopituitarism;				
Pemphigus;				
Periarteritis nodosa;				
Progressive or continuing hepatitis proven by biopsy or biochemistry;				
Progressive transverse myelitis;				
Pseudohermaphroditism;				
Regional ileitis (Crohn's disease)				
Reticulum cell sarcoma;				
Sarcoidosis;				
Scleroderma;				
Severe reactions of the skin and mucosa following X-ray therapy;				
Splenic neutropenia;				
Sprue, tropical and non-tropical, and forms of mal absorption associated with these diseases;				
Status asthmaticus;				
Steroid therapy prior to operation for those patients under steroid therapy;				
Stevens Johnson syndrome;				
Still's disease in children under the age of sixteen years;				
Systemic lupus erythematosus;				
Sympathetic ophthalmitis;				
Temporal arteritis;				
Thrombocytopenic purpura;				
Type II nephritis;				

Code No.	Approved Name, Manner of Administration, Restriction and Form	Max. Qty.	No. of Rpts.	Dispensed Price for Max. Qty.	Manufacturer
	PARAMETHASONE ACETATE - cont.				
	Ulcerative colitis proven by sigmoidoscopy or radiological report.				
	Oral Tablet				
1757	1 mg.	30	..	1 13 0	IC
1758	2 mg.	30	..	2 3 0	IC, LY
	PENICILLAMINE				
	Authority necessary to prescribe (See Notes) for - Wilson's disease (Hepatolenticular degeneration).				
1761	Oral Capsule 150 mg.	100	3	50 3 0	DL
	PENICILLIN with STREPTOMYCIN				
	Endocarditis due to streptococcus faecalis; Endocarditis due to streptococcus viridans.				
	Injection - (Benzyl Penicillin, Streptomycin Sulphate)				
1805	1 vial 500,000 Units and 500 mg. (solvent required)	5	..	*1 5 11	GL
1806	Set containing 1 vial and 2 ml. water for injection	5	..	*1 9 3	GL
	Injection (Benzyl Penicillin, Procaine Penicillin, Streptomycin Sulphate)				
1807	1 vial 100,000 Units; 300,000 Units; 500 mg. (solvent required)	5	..	*1 5 11	GL, SI
1808	Set containing 1 vial and 2 ml. water for injection.	5	..	*1 9 3	GL

	PETHIDINE with LEVALLORPHAN				
	For obstetric use only.				
	Injection				
1832	50 mg.-0.625 mg. in 1 ml.	5	..	0 9 4	RO
1833	50 mg.-0.625 mg. per ml., 2 ml.	5	..	0 12 0	RO
	PHENACETIN with CODEINE PHOSPHATE and SODIUM PENTOBARBITONE				
	For the treatment of pensioners only.				
	Oral Tablet				
1835	300 mg.-15 mg.-30 mg.	100	2	0 15 0	AD, DH, KL, MG, SI, SL
				0 15 3	HY
				0 15 8	RD
				0 19 11	AB, FM, GP
				(ex 500)	
				0 16 4	AD, DH, HY, KL, MG, SI, SL
				0 17 0	RD
				1 2 0	AB, FM, GP
				(ex M.P.)	
	PHENYLALANINE LOW CONTENT FORMULA				
	Authority necessary to prescribe (See Notes) for - Phenylketonuria.				
1864	Granules 1 kg.	1	..	10 13 4	GL
	Powder				
1865	2.5 lb.	1	..	5 6 8	MJ
1866	3 lb.	1	..	9 19 4	TF

Code No.	Approved Name, Manner of Administration, Restriction and Form	Max. Qty.	No. of Rpts.	Dispensed Price for Max. Qty.	Manufacturer
	PHYTOMENADIONE				
	Antidote to anticoagulants.				
	Injection				
1881	1 mg.	3	..	0 9 11	RO
1882	10 mg.	3	..	1 0 4	RO
	Colloidal Solution for Injection				
2383	10 mg. in 1 ml.	3	..	*1 15 0	MK
2384	10 mg. per ml., 5 ml.	3	..	*7 13 0	MK
	PITUITARY, POSTERIOR LOBE				
	Diabetes insipidus.				
	Insufflation				
1899	30 Antidiuretic Unit Capsule	100	2	4 5 8	ST
1900	500 Antidiuretic Units per G., 2 G. Phial	3	2	*3 9 9	BP
	PREDNISOLONE				
	Authority necessary to prescribe (See Notes) for -				
	Acquired haemolytic anaemia;				
	Acute disseminated encephalomyelitis;				
	Acute exfoliative dermatitis;				
	Acute rheumatic carditis;				
	Adrenogenital syndrome;				
	Agranulocytosis;				
	Behcet's syndrome;				
	Cranial arteritis;				
	Cushing's syndrome including hyper-adrenocorticalism;				
	Dermatomyositis;				

Encephalomyelitis;				
Guillain-Barres syndrome;				
Hamman-Rich syndrome - diffuse interstitial pulmonary fibrosis;				
Hansen's disease;				
Henoch's purpura;				
Hodgkin's disease;				
Idiopathic hypercalcaemia;				
Inflammatory conditions of the Uveal tract and Retina;				
Keratoplasty;				
Leucine sensitive hypoglycaemia;				
Leukaemia;				
Lymphosarcoma and follicular lymphoma;				
Metastatic breast cancer;				
Mycosis fungoides;				
Nephrosis or nephrotic syndrome;				
Neuro-myelitis optica;				
Nodular nonsuppurative panniculitis (Christian-Weber disease);				
Optic neuritis following removal of tumors of the brain;				
Panhypopituitarism;				
Pemphigus;				
Periarteritis nodosa;				
Progressive or continuing hepatitis proven by biopsy or biochemistry;				
Progressive transverse myelitis;				
Pseudohermaphroditism;				
Regional ileitis (Crohn's disease)				

Code No.	Approved Name, Manner of Administration, Restriction and Form	Max. Qty.	No. of Rpts.	Dispensed Price for Max. Qty.	Manufacturer
	PREDNISOLONE - cont. Reticulum cell sarcoma; Sarcoidosis; Scleroderma; Severe reactions of the skin and mucosa following X-ray therapy; Splenic neutropenia; Sprue, tropical and non-tropical, and forms of mal absorption associated with these diseases; Status asthmaticus; Steroid therapy prior to operation for those patients under steroid therapy; Stevens Johnson syndrome; Still's disease in children under the age of sixteen years; Systemic lupus erythematosus; Sympathetic ophthalmitis; Temporal arteritis; Thrombocytopenic purpura; Type II nephritis; Ulcerative colitis proven by sigmoidoscopy or radiological report.				
1917	Oral Tablet 5 mg.	30	..	0 17 0 0 19 0	KL, LF, PT AN, BT, CO, CS, HY, MG, MK, PD, PF, RL, RT(V), RY, SC, UP

	PREDNISOLONE ACETATE Intra-articular use. Injection					
1919	10 mg. in 1 ml.	5	..	*2 10	6	SC
	PREDNISOLONE with MAGNESIUM TRISILICATE and DRIED ALUMINIUM HYDROXIDE GEL Authority necessary to prescribe (See Notes) for - Acquired haemolytic anaemia; Acute disseminated encephalomyelitis; Acute exfoliative dermatitis; Acute rheumatic carditis; Adrenogenital syndrome; Agranulocytosis; Behcet's syndrome; Cranial arteritis; Cushing's syndrome including hyper-adrenocorticalism; Dermatomyositis; Encephalomyelitis; Guillain-Barres syndrome; Hamman-Rich syndrome - diffuse interstitial pulmonary fibrosis; Hansen's disease; Henoch's purpura; Hodgkin's disease; Idiopathic hypercalcaemia; Inflammatory conditions of the Uveal tract and Retina; Keratoplasty;					

Code No.	Approved Name, Manner of Administration, Restriction and Form	Max. Qty.	No. of Rpts.	Dispensed Price for Max. Qty.	Manufacturer
	PREDNISOLONE with MAGNESIUM TRISILICATE and DRIED ALUMINIUM HYDROXIDE GEL - cont.				
	Leucine sensitive hypoglycaemia;				
	Leukaemia;				
	Lymphosarcoma and follicular lymphoma;				
	Metastatic breast cancer;				
	Mycosis fungoides;				
	Nephrosis or nephrotic syndrome;				
	Neuro-myelitis optica;				
	Nodular nonsuppurative panniculitis (Christian-Weber disease);				
	Optic neuritis following removal of tumors of the brain;				
	Panhypopituitarism;				
	Pemphigus;				
	Periarteritis nodosa;				
	Progressive or continuing hepatitis proven by biopsy or biochemistry;				
	Progressive transverse myelitis;				
	Pseudohermaphroditism;				
	Regional ileitis (Crohn's disease)				
	Reticulum cell sarcoma;				
	Sarcoidosis;				
	Scleroderma;				
	Severe reactions of the skin and mucosa following X-ray therapy;				
	Splenic neutropenia;				

	Sprue, tropical and non-tropical, and forms of mal absorption associated with these diseases; Status asthmaticus; Steroid therapy prior to operation for those patients under steroid therapy; Stevens Johnson syndrome; Still's disease in children under the age of sixteen years; Systemic lupus erythematosus; Sympathetic ophthalmitis; Temporal arteritis; Thrombocytopenic purpura; Type II nephritis; Ulcerative colitis proven by sigmoidoscopy or radiological report.				
1924	Oral Tablet 5 mg.-50 mg.-300 mg.	30	..	0 19 0	MK
	PREDNISOLONE. METHYL Authority necessary to prescribe (See Notes) for - Acquired haemolytic anaemia; Acute disseminated encephalomyelitis; Acute exfoliative dermatitis; Acute rheumatic carditis; Adrenogenital syndrome; Agranulocytosis; Behcet's syndrome; Cranial arteritis; Cushing's syndrome including hyper-adrenocorticalism; Dermatomyositis;				

Code No.	Approved Name, Manner of Administration, Restriction and Form	Max. Qty.	No. of Rpts.	Dispensed Price for Max. Qty.	Manufacturer
	PREDNISOLONE, METHYL - cont.				
	Encephalomyelitis;				
	Guillain-Barres syndrome;				
	Hamman-Rich syndrome - diffuse interstitial pulmonary fibrosis;				
	Hansen's disease;				
	Henoch's purpura;				
	Hodgkin's disease;				
	Idiopathic hypercalcaemia;				
	Inflammatory conditions of the Uveal tract and Retina;				
	Keratoplasty;				
	Leucine sensitive hypoglycaemia;				
	Leukaemia;				
	Lymphosarcoma and follicular lymphoma;				
	Metastatic breast cancer;				
	Mycosis fungoides;				
	Nephrosis or nephrotic syndrome;				
	Neuro-myelitis optica;				
	Nodular nonsuppurative panniculitis (Christian-Weber disease);				
	Optic neuritis following removal of tumors of the brain;				
	Panhypopituitarism;				
	Pemphigus;				
	Periarteritis nodosa;				
	Progressive or continuing hepatitis proven by biopsy or biochemistry;				

	Progressive transverse myelitis; Pseudohermaphroditism; Regional ileitis (Crohn's disease) Reticulum cell sarcoma; Sarcoidosis; Scleroderma; Severe reactions of the skin and mucosa following X-ray therapy; Splenic neutropenia; Sprue, tropical and non-tropical, and forms of mal absorption associated with these diseases; Status asthmaticus; Steroid therapy prior to operation for those patients under steroid therapy; Stevens Johnson syndrome; Still's disease in children under the age of sixteen years; Systemic lupus erythematosus; Sympathetic ophthalmitis; Temporal arteritis; Thrombocytopenic purpura; Type II nephritis; Ulcerative colitis proven by sigmoidoscopy or radiological report.						
1925	Oral Tablet 4 mg.	30	..	4	5	8	UP
1926	Oral Capsule 4 mg.	30	..	4	5	8	UP

Code No.	Approved Name, Manner of Administration, Restriction and Form	Max. Qty.	No. of Rpts.	Dispensed Price for Max. Qty.	Manufacturer
	PREDNISOLONE. METHYL. ACETATE				
	Intra-articular use.				
	Injection				
1928	40 mg. in 1 ml.	5	..	8 4 8	UP
1929	40 mg. per ml., 5 ml.	1	..	8 3 0	UP
	PREDNISOLONE SODIUM HEMISUCCINATE				
	Authority necessary to prescribe (See Notes) for -				
	Medical or surgical crises.				
2334	Injection 25 mg. (solvent required)	1	..	3 9 8	SH
2439	Injection 25 mg. and 1 ml. diluent	1	..	3 9 8	AN
	PREDNISOLONE SODIUM PHOSPHATE				
	Authority necessary to prescribe (See Notes) for -				
	Ulcerative colitis proven by sigmoidoscopy or radiological report.				
1920	Retention Enema 20 mg. in 100 ml.	7	..	7 7 8	GL
	PREDNISOLONE TERTIARY BUTYL ACETATE (Prednisolone TBA)				
	Intra-articular use.				
1930	Injection 20 mg. per ml., 5 ml.	1	..	2 8 4	MK
	PREDNISOLONE TRIMETHYLACETATE				
	Intra-articular use.				
	Injection				
1933	10 mg. in 1 ml.	2	..	3 7 0	CB
2350	10 mg. per ml., 5 ml.	1	..	8 3 0	CB

PREDNISONE
Authority necessary to prescribe (See Notes) for -
Acquired haemolytic anaemia;
Acute disseminated encephalomyelitis;
Acute exfoliative dermatitis;
Acute rheumatic carditis;
Adrenogenital syndrome;
Agranulocytosis;
Behcet's syndrome;
Cranial arteritis;
Cushing's syndrome including hyper-adrenocorticalism;
Dermatomyositis;
Encephalomyelitis;
Guillain-Barres syndrome;
Hamman-Rich syndrome - diffuse interstitial pulmonary fibrosis;
Hansen's disease;
Henoch's purpura;
Hodgkin's disease;
Idiopathic hypercalcaemia;
Inflammatory conditions of the Uveal tract and Retina;
Keratoplasty;
Leucine sensitive hypoglycaemia;
Leukaemia;
Lymphosarcoma and follicular lymphoma;
Metastatic breast cancer;
Mycosis fungoides;
Nephrosis or nephrotic syndrome;

Code No.	Approved Name, Manner of Administration, Restriction and Form	Max. Qty.	No. of Rpts.	Dispensed Price for Max. Qty.	Manufacturer
	PREDNISONE - cont. Neuro-myelitis optica; Nodular nonsuppurative panniculitis (Christian-Weber disease); Optic neuritis following removal of tumors of the brain; Panhypopituitarism; Pemphigus; Periarteritis nodosa; Progressive or continuing hepatitis proven by biopsy or biochemistry; Progressive transverse myelitis; Pseudohermaphroditism; Regional ileitis (Crohn's disease) Reticulum cell sarcoma; Sarcoidosis; Scleroderma; Severe reactions of the skin and mucosa following X-ray therapy; Splenic neutropenia; Sprue, tropical and non-tropical, and forms of mal absorption associated with these diseases; Status asthmaticus; Steroid therapy prior to operation for those patients under steroid therapy; Stevens Johnson syndrome; Still's disease in children under the age of sixteen years;				

	Systemic lupus erythematosus; Sympathetic ophthalmitis; Temporal arteritis; Thrombocytopenic purpura; Type II nephritis; Ulcerative colitis proven by sigmoidoscopy or radiological report. Oral Tablet				
1934	1 mg.	50	..	0 7 8	PT
1935	5 mg.	30	..	0 17 0	HY, KL, LF, PT
				0 19 0	AN, CO, MK, PD, PR, RL, RY, SC
	PREDNISONE with MAGNESIUM TRISILICATE and DRIED ALUMINIUM HYDROXIDE GEL Authority necessary to prescribe (See Notes) for - Acquired haemolytic anaemia; Acute disseminated encephalomyelitis; Acute exfoliative dermatitis; Acute rheumatic carditis; Adrenogenital syndrome; Agranulocytosis; Behcet's syndrome; Cranial arteritis; Cushing's syndrome including hyper-adrenocorticalism; Dermatomyositis; Encephalomyelitis; Guillain-Barres syndrome;				

Code No.	Approved Name, Manner of Administration, Restriction and Form	Max. Qty.	No. of Rpts.	Dispensed Price for Max. Qty.	Manufacturer
	PREDNISONE with MAGNESIUM TRISILICATE and DRIED ALUMINIUM HYDROXIDE GEL - cont.				
	Hamman-Rich syndrome - diffuse interstitial pulmonary fibrosis;				
	Hansen's disease;				
	Henoch's purpura;				
	Hodgkin's disease;				
	Idiopathic hypercalcaemia;				
	Inflammatory conditions of the Uveal tract and Retina;				
	Keratoplasty;				
	Leucine sensitive hypoglycaemia;				
	Leukaemia;				
	Lymphosarcoma and follicular lymphoma;				
	Metastatic breast cancer;				
	Mycosis fungoides;				
	Nephrosis or nephrotic syndrome;				
	Neuro-myelitis optica;				
	Nodular nonsuppurative panniculitis (Christian-Weber disease);				
	Optic neuritis following removal of tumors of the brain;				
	Panhypopituitarism;				
	Pemphigus;				
	Periarteritis nodosa;				
	Progressive or continuing hepatitis proven by biopsy or biochemistry;				
	Progressive transverse myelitis;				

	Pseudohermaphroditism; Regional ileitis (Crohn's disease) Reticulum cell sarcoma; Sarcoidosis; Scleroderma; Severe reactions of the skin and mucosa following X-ray therapy; Splenic neutropenia; Sprue, tropical and non-tropical, and forms of mal absorption associated with these diseases; Status asthmaticus; Steroid therapy prior to operation for those patients under steroid therapy; Stevens Johnson syndrome; Still's disease in children under the age of sixteen years; Systemic lupus erythematosus; Sympathetic ophthalmitis; Temporal arteritis; Thrombocytopenic purpura; Type II nephritis; Ulcerative colitis proven by sigmoidoscopy or radiological report.				
1936	Oral Tablet 5 mg.-50 mg.-300 mg.	30	..	0 19 0	MK
	PROGESTERONE Habitual abortion. Injection				
1945	I.M. 25 mg.	3	..	1 7 0	BD, DF, SC

Code No.	Approved Name, Manner of Administration, Restriction and Form	Max. Qty.	No. of Rpts.	Dispensed Price for Max. Qty.	Manufacturer
	PROTOVERATRINE A				
	Hypertensive crises.				
1958	Injection 1 ml.	10	..	*1 7 8	SZ
	PYRIDOSTIGMINE				
	Myasthenia gravis.				
1959	Oral Tablet 60 mg.	100	2	*4 5 5	RO
	Injection				
1960	1 mg. in 1 ml.	5	1	*0 10 11	RO
	PYRIDOXINE HYDROCHLORIDE				
	Peripheral neuritis due to isoniazid therapy.				
	Radiation sickness.				
1965	Oral Tablet 25 mg.	25	..	0 12 0	HY, KL
				*0 13 7	AN
				0 13 8	DH
	RIBOFLAVINE				
	For the treatment of pensioners only.				
1985	Oral Tablet 5 mg.	100	2	0 7 0	DH, FM, KL, PR, RT(V), RY
	ROLITETRACYCLINE				
	Brucellosis;				
	Intestinal amoebiasis;				
	Leptospirosis;				
	Lymphogranuloma venereum;				
	Psittacosis;				
	Rickettsial infections.				

	Any bacterial infections or actinomycosis or trachoma where these cannot be treated safely and effectively by sulphonamides or penicillins.								
	Pre-operative and post-operative therapy where there is reasonable evidence that infection may occur.								
	Injection -								
1986	I.V. 110 mg.	5	..	*4	5	1	HP		
1987	I.V. 275 mg.	5	..	*7	8	0	HP		
1988	I.V. 350 mg.	5	..	*6	19	3	BC		
1989	I.M. 150 mg.	5	..	*4	0	11	BC		
				*4	5	1	HP		
				4	5	8	SQ		
1990	I.M. 350 mg.	5	..	*6	19	3	BC		
				*7	8	0	HP		
				7	8	0	SQ		
	SENNA FRUIT EXTRACT (STANDARDISED)								
	For the treatment of pensioners only.								
1999	Oral Tablet 7 mg.	100	2	0	12	4	RC		
	SODIUM AMINOSALICYLATE (Sodium PAS)								
	Tuberculosis.								
2005	Injection 20%, 10 ml.	5	..	0	19	4	KL		
	Oral Cachet								
2006	1.5 G.	200	2	3	3	0	AN, EV, KL, WA		
2007	2.0 G.	200	2	4	3	0	KL, WA		

Code No.	Approved Name, Manner of Administration, Restriction and Form	Max. Qty.	No. of Rpts.	Dispensed Price for Max. Qty.	Manufacturer
	SODIUM AMINOSALICYLATE - cont.				
	Oral Tablet				
2008	300 mg.	200	1	0 18 8	KL
2009	500 mg.	500	2	1 19 0	AN, KL, RY
				2 3 0	DH, EV
				*2 7 7	WA
				*2 11 9	AD, SI
	Oral Granules				
2010	50%, 350 G.	1	1	2 6 4	RL
2011	50%, 400 G.	1	1	2 6 4	HY
2012	96.4%, 500 G.	1	1	5 8 0	EV
	SODIUM FOLATE				
	Sprue or the sprue-like syndrome;				
	Macrocytic anaemia.				
2033	Injection 15 mg. per ml., 10 ml	1	..	1 5 8	LE
	SOYA FORMULA				
	Authority necessary to prescribe (See Notes) for -				
	Galactosaemia;				
	Lactose Intolerance;				
	Milk allergy in children under the age of four (4) years.				
2039	Liquid 15.5 fl. oz.	6	..	*1 17 6	MJ
	Powder				
2040	9 oz.	6	..	*3 18 6	WA
2041	1 lb.	6	..	*5 6 6	MJ

	SPIRAMYCIN				
	Staphylococcal septicaemia or pneumonia;				
	Any gram-positive bacterial infections where these cannot be treated safely and effectively by sulphonamides or penicillins.				
2042	Oral Capsule 250 mg.	20	..	1 18 4	MB
2043	Oral Tablet 250 mg.	20	..	1 18 4	MB
	STANOLONE				
	Long-term corticosteroid therapy with the authority of the Commonwealth Director of Health.				
	Mammary carcinoma (authority not required)				
2044	Oral Tablet 25 mg.	100	2	5 17 8	DF
				8 19 8	MN
	STILBOESTROL				
	Carcinoma of the prostate;				
	Mammary carcinoma;				
	For the treatment of pensioners for any disease or purpose.				
	Injection				
2048	5 mg.	5	..	0 10 9	KL
				0 11 0	BX
	Oral Tablet				
2049	0.1 mg.	100	2	0 5 1	HY, KL
2050	0.5 mg.	100	2	0 5 3	AD, DH, FA, HA, HY, KL, MG, RT(V), RY, SI, SL

Code No.	Approved Name, Manner of Administration, Restriction and Form	Max. Qty.	No. of Rpts.	Dispensed Price for Max. Qty.	Manufacturer
	STILBOESTROL - cont.				
	Injection				
2051	1 mg.	100	2	0 5 5	AD, DH, FA, HY, KL, RT(V), SI, SL
				0 5 8	HA, MG, RY
2052	5 mg.	100	2	0 8 0	AD, DH, FA, HA, HY, KL, MG, RT(V), RY, SI, SL
2053	10 mg.	100	2	0 12 4	DH, KL, RT(V)
	STREPTOMYCIN SULPHATE				
	Bacillary dysentery not responding to sulphonamides;				
	Brucellosis;				
	Chancroid;				
	Endocarditis due to streptococcus faecalis;				
	Endocarditis due to streptococcus viridans;				
	Infections due to Friedlander bacillus;				
	Infections due to haemophilus influenzae;				
	Infections due to pseudomonas pyocyanea;				
	Plague;				
	Rat-bite fever - streptobacillus moniliformis;				
	Salmonella infections;				
	Surgical conditions of the bowel (pre-operative and post-operative);				
	Surgical conditions of the thoracic organs;				
	Tuberculosis;				
	Tularaemia;				

	Urinary tract infections which do not respond to sulphonamides.								
2054	Injection 1 G. (solvent required)	5	3	*0	19	8	DH, DL, EV, GL, SI
	Intrathecal Injection –								
2055	100,000 Units (solvent required)	10	3	1	5	3	DL
	Injection								
2056	250,000 Units per ml., 4 ml.	5	3	*1	1	9	DL, GL
2057	500,000 Units per ml., 2 ml.	5	3	*1	1	9	BT, EV, GL
2058	1,000,000 Units in 3 ml.	5	3	*1	1	9	EV, GL
	SULPHASALAZINE								
	Ulcerative colitis.								
2093	Oral Tablet 500 mg.	100	2	1	17	8	MR
	SULTIAME								
	For use where other anti-convulsants have failed.								
	Oral Tablet								
2099	50 mg.	200	1	2	5	8	FB
2100	200 mg.	200	1	5	6	4	FB
	SUSTANON								
	Klinefelter Reifenstein Albright syndrome;								
	Mammary carcinoma;								
	Castration syndrome, (male and female).								
2101	Injection 250 mg.	1	..	2	17	8	OR

Code No.	Approved Name, Manner of Administration, Restriction and Form	Max. Qty.	No. of Rpts.	Dispensed Price for Max. Qty.	Manufacturer
	TESTOSTERONE				
	Klinefelter Reifenstein Albright syndrome;				
	Mammary carcinoma;				
	Castration syndrome, (male and female).				
	Implant				
2109	100 mg.	1	..	2 9 8	OR
2111	200 mg.	1	..	4 5 8	OR
	TESTOSTERONE METHYL				
	Klinefelter Reifenstein Albright syndrome;				
	Mammary carcinoma;				
	Castration syndrome, (male and female).				
	Oral Tablet				
2112	25 mg.	100	2	2 11 0	HY, KL, PR, PT
				3 3 0	AN
2113	50 mg.	100	2	4 9 8	HY, KL, PR, PT
				5 12 4	AN
	Sublingual Tablet				
2404	25 mg.	100	..	8 11 0	CB
	TESTOSTERONE OENANTHATE				
	(Testosterone Oen.)				
	Klinefelter Reifenstein Albright syndrome;				
	Mammary carcinoma;				
	Castration syndrome, (male and female).				
2114	Injection 250 mg. in 1 ml.	1	..	2 17 8	SC

	TESTOSTERONE PROPIONATE (Testosterone Prop.) Klinefelter Reifenstein Albright syndrome; Mammary carcinoma; Castration syndrome, (male and female). Injection				
2115	25 mg. in 1 ml.	10	..	1 19 0 *2 3 0 2 3 0	KL BD CB, SC
2116	50 mg. in 1 ml.	10	..	3 15 0 *4 0 4 4 0 4	KL BD CB, SC
2117	50 mg. per ml., 10 ml.	1	..	3 14 0	CB, KL, SC
2118	100 mg. in 2 ml.	3	..	2 8 0 *2 18 1	OR BD
	TETRACYCLINE Brucellosis; Intestinal amoebiasis; Leptospirosis; Lymphogranuloma venereum; Psittacosis; Rickettsial infections; Any bacterial infections or actinomycosis or trachoma where these cannot be treated safely and effectively by sulphonamides or penicillins. Pre-operative and post-operative therapy where there is reasonable evidence that infection may occur.				

Code No.	Approved Name, Manner of Administration, Restriction and Form	Max. Qty.	No. of Rpts.	Dispensed Price for Max. Qty.	Manufacturer
	TETRACYCLINE - cont.				
	Injection				
2129	I.V. 100 mg. (solvent required)	5	..	*2 9 8	LE
2130	I.V. 250 mg. (solvent required)	5	..	4 7 5	GP
				*4 7 7	LE, SQ
2131	I.M. 100 mg. (solvent required)	5	..	*2 9 8	LE
				2 9 8	GP
2403	I.M. 250 mg. (solvent required)	5	..	*4 7 7	LE
	Oral Capsule				
2132	50 mg.	25	..	0 17 0	LE
2133	100 mg.	25	..	1 8 8	GP, LE, LT
2134	250 mg.	16	..	1 16 0 (ex 100)	CS, GP, LE, LT, UP
				2 0 0 (ex M.P.)	CS, GP, LE, LT, UP
	Oral Tablet				
2136	100 mg.	25	..	1 8 8	GP, LE
2137	250 mg.	16	..	2 0 0	GP, LE, SQ
2138	Oral Paediatric Granules 75 G.	‡1	..	1 8 0	LE
	Oral Paediatric Drops				
2139	100 mg. per ml., 10 ml.	‡1	..	0 15 0	LE, UP
	Oral Paediatric Suspension				
2437	125 mg. per 5 ml., 100 ml.	‡1	..	1 12 4	LT
				1 12 9	GP, LE
	TETRACYCLINE (BUFFERED)				
	Brucellosis;				
	Intestinal amoebiasis;				

	Leptospirosis; Lymphogranuloma venereum; Psittacosis; Rickettsial infections. Any bacterial infections or actinomycosis or trachoma where these cannot be treated safely and effectively by sulphonamides or penicillins. Pre-operative and post-operative therapy where there is reasonable evidence that infection may occur.				
2143	Injection I.M. 100 mg. (solvent required)	5	..	*2 9 8	SQ
	Oral Capsule				
2144	100 mg.	25	..	1 8 8	BC, BT, GP, HP, LE, LT, SQ, UP
2145	250 mg.	16	..	1 16 0	BC, BT, CS, GP, HP, LE, LT, SQ, UP
				(ex 100)	
				2 0 0	BC, BT, CS, GP, HP, LE, LT, SQ, UP
				(ex M.P.)	
	Oral Paediatric Suspension				
2438	125 mg. per 5 ml., 100 ml.	‡1	..	1 12 4	LT
				1 12 9	BC, BT, GP, HP, LE, SQ, UP
	Oral Paediatric Drops				
2147	100 mg. per ml., 10 ml.	‡1	..	0 14 9	BC
				0 15 0	GP, HP, LE, LT, SQ

Code No.	Approved Name, Manner of Administration, Restriction and Form	Max. Qty.	No. of Rpts.	Dispensed Price for Max. Qty.	Manufacturer
	TETRACYCLINE (BUFFERED) with AMPHOTERICIN B Broad spectrum antibiotic therapy of premature infants; Broad spectrum antibiotic treatment of patients under steroid therapy; Broad spectrum antibiotic therapy of cases complicated by intestinal moniliasis; A second or repeated course of broad spectrum antibiotic therapy in the treatment of patients for :- Brucellosis; Intestinal amoebiasis; Leptospirosis; Lymphogranuloma venereum; Psittacosis; Rickettsial infections; Any bacterial infections or actinomycosis or trachoma where these cannot be treated safely and effectively by sulphonamides or penicillins. Pre-operative and post-operative therapy where there is reasonable evidence that infection may occur. Oral Paediatric Drops				
2148	100 mg.-20 mg. per ml., 10 ml.	‡1	..	0 15 0	SQ
	Oral Paediatric Syrup				
2149	125 mg.-25 mg. per 5 ml., 100 ml.	‡1	..	1 12 9	SQ

	TETRACYCLINE (BUFFERED) with NYSTATIN Broad spectrum antibiotic therapy of premature infants; Broad spectrum antibiotic treatment of patients under steroid therapy; Broad spectrum antibiotic therapy of cases complicated by intestinal moniliasis; A second or repeated course of broad spectrum antibiotic therapy in the treatment of patients for :- Brucellosis; Intestinal amoebiasis; Leptospirosis; Lymphogranuloma venereum; Psittacosis; Rickettsial infections; Any bacterial infections or actinomycosis or trachoma where these cannot be treated safely and effectively by sulphonamides or penicillins Pre-operative and post-operative therapy where there is reasonable evidence that infection may occur. Oral Capsule				
2150	100 mg.-125,000 Units	20	..	1 5 3	SQ, UP
2151	250 mg.-250,000 Units	16	..	1 16 0 (ex 100)	GP, LE, LT, SQ, UP
				2 0 0 (ex M.P.)	GP, LE, LT, SQ, UP

Code No.	Approved Name, Manner of Administration, Restriction and Form	Max. Qty.	No. of Rpts.	Dispensed Price for Max. Qty.	Manufacturer
	THIORIDAZINE For the treatment of pensioners for any disease or purpose; Late stage malignancy with the authority of the Commonwealth Director of Health; Radiation sickness with the authority of the Commonwealth Director of Health; Maintenance treatment of a mental disorder in a patient discharged from an approved hospital at which he received treatment for a mental disorder, and living in a place remote from an approved hospital, with the authority of the Commonwealth Director of Health; For the treatment of a mental disorder in a person who has been discharged from an approved hospital at which he received treatment for a mental disorder, on presentation of a certificate from that hospital that the person was a person for whose treatment that benefit may be prescribed. Oral Solution				
2402	3%, 30 ml.	‡1	4	0 14 0	SZ
	Oral Tablet				
2163	10 mg.	100	2	0 15 0	SZ
2359	25 mg.	100	2	1 2 7	SZ
2164	50 mg.	100	2	1 19 0	SZ
2165	100 mg.	100	2	3 15 0	SZ

	TRETAMINE						
	Malignant lymphoma and related conditions.						
2179	Oral Tablet 2.5 mg.	5	..	*0	15	5	IC
	TRIAMCINOLONE						
	Authority necessary to prescribe (See Notes) for -						
	Acquired haemolytic anaemia;						
	Acute disseminated encephalomyelitis;						
	Acute exfoliative dermatitis;						
	Acute rheumatic carditis;						
	Adrenogenital syndrome;						
	Agranulocytosis;						
	Behcet's syndrome;						
	Cranial arteritis;						
	Cushing's syndrome including hyper-adrenocorticalism;						
	Dermatomyositis;						
	Encephalomyelitis;						
	Guillain-Barres syndrome;						
	Hamman-Rich syndrome - diffuse interstitial pulmonary fibrosis;						
	Hansen's disease;						
	Henoch's purpura;						
	Hodgkin's disease;						
	Idiopathic hypercalcaemia;						
	Inflammatory conditions of the Uveal tract and Retina;						
	Keratoplasty;						
	Leucine sensitive hypoglycaemia;						
	Leukaemia;						

Code No.	Approved Name, Manner of Administration, Restriction and Form	Max. Qty.	No. of Rpts.	Dispensed Price for Max. Qty.	Manufacturer
	TRIAMCINOLONE - cont. Lymphosarcoma and follicular lymphoma; Metastatic breast cancer; Mycosis fungoides; Nephrosis or nephrotic syndrome; Neuro-myelitis optica; Nodular nonsuppurative panniculitis (Christian-Weber disease); Optic neuritis following removal of tumors of the brain; Panhypopituitarism; Pemphigus; Periarteritis nodosa; Progressive or continuing hepatitis proven by biopsy or biochemistry; Progressive transverse myelitis; Pseudohermaphroditism; Regional ileitis (Crohn's disease) Reticulum cell sarcoma; Sarcoidosis; Scleroderma; Severe reactions of the skin and mucosa following X-ray therapy; Splenic neutropenia; Sprue, tropical and non-tropical, and forms of mal absorption associated with these diseases; Status asthmaticus; Steroid therapy prior to operation for those patients under steroid therapy;				

	Stevens Johnson syndrome; Still's disease in children under the age of sixteen years; Systemic lupus erythematosus; Sympathetic ophthalmitis; Temporal arteritis; Thrombocytopenic purpura; Type II nephritis; Ulcerative colitis proven by sigmoidoscopy or radiological report.							
2180	Oral Tablet 4 mg.	30	..	4	5	8	LE, SQ	
	TRIFLUOPERAZINE For the treatment of pensioners for any disease or purpose; Late stage malignancy with the authority of the Commonwealth Director of Health; Radiation sickness with the authority of the Commonwealth Director of Health; Maintenance treatment of a mental disorder in a patient discharged from an approved hospital at which he received treatment for a mental disorder, and living in a place remote from an approved hospital, with the authority of the Commonwealth Director of Health;							

Code No.	Approved Name, Manner of Administration, Restriction and Form	Max. Qty.	No. of Rpts.	Dispensed Price for Max. Qty.	Manufacturer
	TRIFLUOPERAZINE - cont.				
	For the treatment of a mental disorder in a person who has been discharged from an approved hospital at which he received treatment for a mental disorder, on presentation of a certificate from that hospital that the person was a person for whose treatment that benefit may be prescribed.				
	Oral Tablet				
2185	1 mg.	100	2	1 13 5	SK
				(ex 500)	
				1 17 8	SK
				(ex M.P.)	
2386	2 mg.	100	2	2 13 0	SK
2186	5 mg.	100	2	3 2 4	SK
	TRIMETAPHAN				
	As a hypotensive in anaesthesia.				
	Injection				
2189	Set containing 250 mg. and 5 ml. water for injection	3	..	5 2 1	RO
	VINBLASTINE				
	Hodgkin's disease				
2198	Injection 10 mg. in 10 ml.	1	..	8 10 9	LY

	VITAMINS COMPOUND For the treatment of pensioners only.						
2206	Oral Tablet B.P.C. Capsule Formula	100	1	0	7	4	KL, P'I'
				0	7	9	AD, BD, DH, GL, HY, MG, PH, PR, RT(V), RY, SI, SL, TO, VR
2207	Oral Capsule B.P.C.	100	1	0	7	9	FA, PH

Code No.	Approved Name, Manner of Administration, Restriction and Form	Max. Qty.	No. of Rpts.	Dispensed Price for Max. Qty.	Manufacturer
	ACRYLIC RESIN				
2224	Solution 100 ml. Aerosol Spray	1	..	3 9 8	EV
	BISMUTH SUBGALLATE				
2227	†Powder 4 oz.	1	..	†0 16 11	EV
				†0 18 0	DH
2228	(with instructions for use)				EV
					DH
	CHLORAMINE				
2229	Deodorant Tablet 120 mg.	500	..	0 18 0	PT
				0 18 8	DH
2230	Powder 1 oz.	1	4	0 6 8	PT
				0 7 4	DH
	DEODORANT DETERGENT SOLUTION				
	Solution				
	Lissapol N.100, 120 G.; Spearmint Oil, 1.6 ml.				
	Cetrimide, B.P., 12 G.;				
2231	16 fl. oz.	1	..	0 13 8	IC
	DIMETHICONE				
	Cream				
2232	20%, 20 G.	1	..	0 10 7	SS
2233	10%, 50 G.	1	..	0 10 1	HA
				0 10 4	IC
2234	10%, 120 G.	1	..	0 9 8	FA

	DIMETHICONE - cont.							
	Solution							
2235	9.84%, 220 G. Aerosol Spray	1	..	2	1	11	RK	
2427	5%, 340 ml. Aerosol Spray	1	..	2	9	8	BT	
	SURGICAL CEMENT							
2236	†Adhesive Cement 2 oz. tube	1	2	†0	4	8	JA	
2237	(with instructions for use)						JA	
2238	†Skin Bond Adhesive 4 fl. oz.	1	2	†1	2	6	DY	
2239	(with instructions for use)						DY	
2469	†Solvent 240 ml.	1	2	†0	12	6	LF	
2470	(with instructions for use)						LF	
	TRAGACANTH (GUM KARAYA)							
2240	†Powder 8 oz.	1	..	†0	19	2	PT	
				†1	4	0	EV	
2241	(with instructions for use)						PT	
							EV	

Code No.	Approved Name, Manner of Administration, Restriction and Form	Max. Qty.	No. of Rpts.	Dispensed Price for Max. Qty.	Manufacturer
	AMPICILLIN				
	Injection				
2389	250 mg. (solvent required)				
2390	500 mg. (solvent required)				
2462	Oral Tablet 125 mg.				
	BECLAMIDE				
2450	Oral Tablet 500 mg.				
	BENDROFLUAZIDE				
2408	I.M. Oily Injection 5 mg. per ml., 5 ml.				
	BETHANIDINE				
2416	Oral Tablet 10 mg.				
	CHOLINE THEOPHYLLINATE				
	Oral Tablet				
2297	100 mg.				
2298	200 mg.				
	CLOXACILLIN				
2299	Injection 250 mg.				
2300	Oral Capsule 250 mg.				
2461	Suspension 125 mg. per 5 ml., 100 ml.				
	COLISTIN				
2301	I.M. Injection 150 mg.				

CYCLOSERINE
2302 Oral Capsule 250 mg.
2303 Oral Tablet 250 mg.

DESFERRIOXAMINE
2304 Injection 500 mg.

DEXTRAN with DEXTROSE
Low molecular weight injection
2305 10%-5%, 500 ml.

DEXTRAN in NORMAL SALINE
Low molecular weight injection
2306 10%, 500 ml.

DITOPHAL
2440 Liquid 250 ml.

ETHIONAMIDE
2308 Oral Tablet 250 mg.

FOLINIC ACID
2309 Injection 3 mg. in 1 ml.

FRAMYCETIN
2391 Oral Tablet 250 mg.

FRUSEMIDE
2412 Oral Tablet 40 mg.
2413 Injection 20 mg.

Code No.	Approved Name, Manner of Administration, Restriction and Form	Max. Qty.	No. of Rpts.	Dispensed Price for Max. Qty.	Manufacturer
	FUSIDIC ACID				
	(Sodium salt or Diethanolamine salt)				
2310	I.V. Injection 500 mg.				
2311	Oral Suspension 40 mg. per ml., 90 ml.				
2312	Oral Tablet (enteric coated) 250 mg.				
	HAEMOPHILUS INFLUENZAE BACTERIAL SERUM				
2313	Injection 1 ml.				
	HEXACHLOROPHANE with ENTSUFON				
2315	Lotion 3%, 6 fl. oz.				
	HEXACHLOROPHANE with LISSAPOL				
2316	Lotion 3%, 4 fl. oz.				
	HEXACHLOROPHANE in SOAP SOLUTION				
2317	Solution 1.5%, 10 fl. oz.				
	INDOMETHACIN				
2454	Oral Capsule 25 mg.				
	KITASAMYCIN				
	Oral Tablet				
2447	100 mg.				
2448	200 mg.				
2449	I.V. Injection set containing 200 mg. and 2 x 10 ml. ampoules of saline solution.				

METHICILLIN
2323 Injection 1 G.

METHOTREXATE
Injection
2393 5 mg.
2394 50 mg.

METHENOLONE OENANTHATE
(Methenolone Oen.)
2322 Injection 100 mg.

MITOMYCIN
2324 Injection 2 mg.

NALIDIXIC ACID
2451 Oral Tablet 500 mg.

NEOMYCIN SULPHATE
2325 Oral Tablet 500 mg.

NORETHANDROLONE
2326 Injection 25 mg. in 1 ml.
2327 Oral Tablet 10 mg.

NOVOBIOCIN
2328 Injection 500 mg.
2329 Oral Capsule 250 mg.
2330 Syrup 25 mg. per ml., 2 fl. oz.

Code No.	Approved Name, Manner of Administration, Restriction and Form	Max. Qty.	No. of Rpts.	Dispensed Price for Max. Qty.	Manufacturer
	ORCIPRENALINE				
2331	Injection 0.5 mg.				
2332	Solution for Inhalation 5%, 7.5 ml.				
2333	Oral Tablet 20 mg.				
	PARGYLINE				
	Oral Tablet				
2452	10 mg.				
2453	25 mg.				
	PERITONEAL DIALYSIS SOLUTION				
2410	Injection with 1.5% Dextrose, 1 litre				
2411	Injection with 7% Dextrose, 1 litre				
	POLYMYXIN B SULPHATE				
2392	Injection 500,000 Units				
	PYRAZINAMIDE				
2335	Oral Tablet 0.5 G.				
	SPIRONOLACTONE				
2339	Oral Tablet 25 mg.				
	THEOPHYLLINE				
2340	Elixir 16 fl. oz.				
	THYROTROPHIN				
2341	Injection 10 Units				

TRIAMTERENE
2342 Oral Tablet 100 mg.

TRIAZIQUONE
2343 Injection 0.2 mg. with saline solvent
2344 Oral Capsule 0.5 mg. (enteric coated)

VADRINE
2346 Oral Tablet 500 mg.

VANCOMYCIN
2347 Injection I.V. 500 mg.

VINCRISTINE
Injection
2371 1 mg.
2372 5 mg.

VIOMYCIN SULPHATE
2348 Injection 1 G.

VIOMYCIN SULPHATE with VIOMYCIN PANTOTHENATE
2349 Injection 500 mg.-500 mg.

Where Liquids are purchased by weight, the recovery price includes the "Specific Gravity Factor". A compounding fee (5s. 6d.) is included in the recovery price for all items compounded from ingredients.

(a) Where the quantity dispensed is greater than the quantity shown against items marked thus; the recovery price is:-

$$\frac{\text{Quantity dispensed}}{\text{Quantity listed}} \times \text{price shown.}$$

(b) Indicates an item which is packed sterile or is unstable; the recovery price is:-

$$\left(\frac{\text{Quantity dispensed}}{\text{Quantity listed}}\right) \text{ taken to the next whole number} \times \text{price shown.}$$

APOTHECARY					METRIC		
Recovery Price				Drug	Recovery Price		
Drachm	Ounce	Special			1G/Ml.	10 G/Ml.	Special
s. d.	s. d.				s. d.	s. d.	
0 2	0 9		Acetone, B.P.C. (may only be prescribed as an additive)		0 1	0 4	2 4:100 ml.
			ACIDS				
0 1	0 7		Acetic, B.P.		0 1	0 3	1 9:100 ml.
0 1	0 7		Acetic, Dilute, B.P.		0 1	0 3	1 7:100 ml.
0 3	1 3		Acetylsalicylic, B.P.		0 1	0 5	3 6:100 G.
0 4	1 10		Benzoic, B.P.		0 1	0 8	5 5:100 G.
0 1	0 5		Boric Powder, B.P.		0 1	0 2	1 1:100 G.
0 1	0 6		Boric, Crystal, B.P.		0 1	0 2	1 5:100 G.
0 2	1 1		Citric, B.P.		0 1	0 4	3 0:100 G.
0 3	1 4		Hydrochloric, B.P.		0 1	0 6	4 1:100 ml.
0 2	0 9		Hydrochloric, Dilute, B.P.		0 1	0 4	2 4:100 ml.
1 6	10 5		Hydrocyanic, Dilute, B.P.C. 54		0 6	3 8	
0 4	1 10		Hypophosphorous, Dilute, B.P.C.		0 1	0 8	5 8:100 ml.
0 5	2 6		Lactic, B.P.		0 2	0 11	8 1:100 ml.
0 2	0 10		Oleic, B.P.		0 1	0 4	2 7:100 ml.
0 2	1 0		Phosphoric, B.P.		0 1	0 5	3 0:100 ml.
0 2	0 10		Phosphoric, Dilute, B.P.		0 1	0 4	2 5:100 ml.
0 3	1 9		Salicylic, B.P.		0 1	0 7	5 3:100 G.
0 2	0 9		Stearic, B.P.C.		0 1	0 3	1 11:100 G.
0 2	0 10		Sulphuric, Dilute, B.P.C.		0 1	0 4	2 6:100 ml.
0 7	3 9		Tannic, B.P.		0 2	1 4	11 3:100 G.
0 3	1 3		Tartaric, B.P.		0 1	0 5	3 5:100 G.
1 11	13 1		Trichloroacetic, B.P.		0 7	4 2	
7 1	..		Acriflavine, B.P.C.		1 10	..	
..	..		Adrenaline, B.P. (b)		16 2	..	
57 3	..		Adrenaline Acid Tartrate, B.P.		17 0	..	2 2:100 mg.

1 6	10 6		Agar, B.P.C. 54	0 5	3 4		
			ALCOHOLS				
0 3	1 3		95%, B.P.	0 1	0 5	3	9:100 ml.
			(may only be prescribed as an additive)				
0 2	0 11		90%, B.P.	0 1	0 4	2	8:100 ml.
			(may only be prescribed as an additive)				
0 4	2 1		Aloes, Powder, B.P.	0 2	0 9	6	3:100 G.
2 1	14 2		Aloin, B.P.C.	0 7	4 6		
0 1	0 6		Alum, B.P.	0 1	0 2	1	1:100 G.
0 4	2 3		Aluminium Hydroxide Gel Dried B.P.	0 2	0 10	6	10:100 G.
2 11	19 11		Amaranth, B.P.C.'54	0 10	6 4		
..	..		Amethocaine Hydrochloride, B.P. (a)	12 5	..		
			(may only be prescribed as an additive)				
13 3	..		Aminacrine Hydrochloride, B.P.	3 5	..		
1 4	8 11		Aminophylline, B.P.	0 5	2 10		
			AMMONIUM				
0 2	0 8		Bicarbonate, B.P.C.	0 1	0 3	1	9:100 G.
0 2	0 10		Bromide, B.P.C.	0 1	0 4	2	4:100 G.
0 1	0 7		Chloride, B.P.	0 1	0 3	1	7:100 G.
2 7	18 0		Amylobarbitone B.P.	0 10	6 4		
2 7	18 0		Amylobarbitone Sodium B.P.	0 10	6 4		
..	..	14/3:10 gr.	Atropine, B.P. (a)	..	..		
..	..		Atropine Methonitrate, B.P. (a)	..	..	6	3:100 mg.
129 3	..	3/1:gr.	Atropine Sulphate, B.P.	..	..	4	3:100 mg.
1 5	9 10		Balsam, Peru, B.P.C.	0 5	3 2		
1 6	10 6		Balsam, Tolu, B.P.	0 5	3 4		
1 10	12 8		Barbitone Sodium, B.P.	0 7	4 1		
0 2	1 2		Barium Sulphate, B.P.	0 1	0 5	3	2:100 G.
0 5	2 11		Beeswax White, B.P.	0 2	1 0	8	8:100 G.

APOTHECARY				METRIC		
Recovery Price			Drug	Recovery Price		
Drachm	Ounce	Special		1G/Ml.	10 G/Ml.	Special
s. d.	s. d.			s. d.	s. d.	
0 3	1 6		Beeswax Yellow, B.P.C.	0 1	0 6	4 1:100 G.
..	..		Belladonna Herb, Prepared, B.P.	..	..	
..	..		Belladonna Powder, B.P.	..	..	
..	..		Belladonna Suppository, B.P. 48	..	..	
0 1	0 7		Bentonite, B.P.	0 1	0 3	1 6:100 G.
1 9	11 11		Benzocaine, B.P.	0 6	3 10	
0 4	2 2		Benzyl Alcohol, B.P.	0 2	0 9	6 7:100 ml.
0 3	1 5		Benzyl Benzoate Application, B.P.	0 1	0 6	4 3:100 ml.
0 4	1 11		Benzyl Benzoate, B.P.	0 1	0 8	5 9:100 ml.
			BISMUTH			
1 2	8 1		Subgallate, B.P.C.	0 4	2 7	
0 1	0 5		Borax, B.P.	0 1	0 2	1 0:100 G.
0 4	1 11		Boroglycerin, B.P.C. 49 (by weight)	0 2	0 9	6 4:100 G.
0 10	5 6		Brilliant Green, B.P.	0 3	1 9	
5 8	..		Butyl Aminobenzoate, B.P. 53	1 10	14 5	
1 0	6 8		Caffeine, B.P.	0 4	2 2	
0 11	5 11		Caffeine Citrate, B.P.C. 59	0 3	1 11	
0 10	5 6		Caffeine Hydrate, B.P.	0 3	1 11	16 10:100 G.
2 7	17 10		Caffeine and Sodium Benzoate, B.P.C. 54	0 9	5 8	
0 2	0 10		Calamine, B.P.	0 1	0 4	2 4:100 G.
			CALCIUM			
0 1	0 4		Carbonate, B.P.	0 1	0 2	0 10:100 G.
0 3	1 9		Chloride, B.P.	0 1	0 7	5 1:100 G.
0 4	2 3		Gluconate, B.P.	0 2	0 9	6 8:100 G.
0 1	0 7		Hydroxide, B.P.	0 1	0 2	1 5:100 G.
0 3	1 7		Lactate, B.P.	0 1	0 7	4 8:100 G.
0 2	1 0		Phosphate, B.P.C.	0 1	0 4	2 10:100 G.

0	4	2	4	Camphor, B.P.	0	2	0	10	7	0:100	G.
1	3	8	7	Cetrimide, B.P.	0	5	2	9			
0	5	2	10	Cetomacrogol Emulsifying Wax, B.P.C.	0	2	0	11	8	0:100	G.
0	3	1	9	Cetostearyl Alcohol, B.P.	0	1	0	7	5	2:100	G.
..		..		Cetyl Alcohol Compound	..		..				
0	1	0	4	Chalk, Prepared, B.P.	0	1	0	2	0	10:100	G.
0	3	1	9	Chloral Hydrate, B.P.	0	1	0	7	4	11:100	G.
0	11	6	2	Chlorbutol, B.P.	0	3	2	0			
8	1	..		Chlorhexidine Diacetate (may only be prescribed in Ear and Eye Drops)	2	8	20	11			
8	9	..		Chlorhexidine Hydrochloride, B.P.	3	2	25	0			
0	2	0	9	Chlorinated Lime, B.P.	0	1	0	3	1	11:100	G.
0	11	6	0	Chlorocresol, B.P.	0	3	1	11			
0	3	1	3	Chloroform, B.P.	0	1	0	5	3	8:100	ml.
56	6	..		Cocaine, B.P.	14	5	..				
66	4	..		Cocaine Hydrochloride, B.P.	16	11	..				
38	8	..		Codeine, B.P.C. 54	9	11	..		1	3:100	mg.
13	3	..		Codeine Phosphate, B.P.	4	3	33	8			
0	3	1	8	Collodion Acid Salicylic, A.P.F. 55	0	1	0	7	5	0:100	ml.
0	2	1	0	Collodion Flexible, B.P.	0	1	0	4	2	11:100	ml.
0	2	0	11	Colophony, B.P.	0	1	0	4	2	5:100	G.
0	3	1	4	Copper Sulphate, B.P.C.	0	1	0	5	3	7:100	G.
				CREAMS							
0	2	1	3	Aqueous, A.P.F.	0	1	0	5	3	5:100	G.
0	4	1	10	Aqueous, B.P.	0	1	0	7	5	0:100	G.
0	2	0	11	Aqueous Emulsifying Wax, A.P.F. 55	0	1	0	4	2	8:100	G.
0	3	1	6	Calamine A.P.F. 55	0	1	0	6	4	2:100	G.
0	3	1	9	Cetrimide Aqueous, A.P.F.	0	1	0	7	4	10:100	G.
0	3	1	3	Cetomacrogol, Aqueous, A.P.F.	0	1	0	5	3	9:100	G.
0	3	1	3	Cholesterol Oily, A.P.F. 55	0	1	0	6	3	10:100	G.

APOTHECARY				METRIC		
Recovery Price			Drug	Recovery Price		
Drachm	Ounce	Special		1G/Ml.	10 G/Ml.	Special
s. d.	s. d.			s. d.	s. d.	
			CREAMS - continued			
0 3	1 9		Oily, B.P.	0 1	0 7	4 10:100 G.
0 3	1 9		Sorbolene, A.P.F. 55	0 1	0 7	4 10:100 G.
0 2	1 0		Zinc, B.P.	0 1	0 5	3 0:100 G.
0 2	1 1		Zinc Oily, A.P.F.	0 1	0 5	3 3:100 G.
0 11	6 3		Creosote, B.P.C. 59	0 4	2 3	
2 1	14 2		Crystal Violet, B.P.	0 7	4 6	
0 2	0 8		Dextrose, B.P.	0 1	0 3	1 10:100 G.
0 2	0 10		Dextrose Monohydrate, B.P.	0 1	0 4	2 4:100 G.
0 5	2 5		Dibutyl Phthalate, B.P.	0 2	0 11	7 10:100 ml.
0 3	1 7		Dicophane, B.P.	0 1	0 6	4 5:100 G.
0 10	5 9		Digitalis Leaf, B.P.	0 3	1 10	
..	..		Digitalis, Prepared, B.P.	..	..	
0 4	2 2		Dimethyl Phthalate, B.P.	0 2	0 10	7 0:100 ml.
11 11	..		Dithranol, B.P.	3 11	30 11	
			DUSTING POWDERS			
..	..		Absorbable, B.P.	..	..	
0 2	0 10		Boric Acid and Starch, B.P.C.	0 1	0 4	2 7:100 G.
			ELIXIRS			
..	..		Ephedrine, A.P.F. 55	..	..	
0 6	3 2		Cascara, B.P.	0 2	1 2	10 4:100 ml.
0 2	0 10		Simple, B.P.C. 49	0 1	0 4	2 5:100 ml.
			EMULSIONS			
0 2	0 8		Paraffin and Agar, A.P.F. 55 (may only be prescribed as pensioner benefit)	0 1	0 3	2 0:100 ml.

0 2	1 1	EMULSIONS - continued			
		Paraffin, Liquid, B.P. 58 (may only be prescribed as pensioner benefit)	0 1	0 5	3 3:100 ml.
0 2	0 11	Paraffin Liquid, A.P.F. (may only be prescribed as pensioner benefit)	0 1	0 4	2 8:100 ml.
0 2	1 1	Paraffin, Liquid, A.P.F. 55 (may only be prescribed as pensioner benefit)	0 1	0 5	3 3:100 ml.
0 4	1 11	Emulsifying Wax, B.P.	0 1	0 8	5 4:100 G.
8 5	..	Ephedrine, B.P.C.	2 2	..	
2 10	..	Ephedrine Hydrochloride, B.P.	0 11	7 3	
..	..	Ethanolamine, B.P.C.	..	..	
0 2	0 11	Ether Anaesthetic, B.P.	0 1	0 4	2 10:100 ml.
0 2	0 8	Ether Solvent, B.P.	0 1	0 3	2 0:100 ml.
0 10	5 5	Eucalyptol, B.P.C.	0 3	1 11	
0 2	1 0	Eye Ointment Base B.P.	0 1	0 5	3 1:100 G.
		EXTRACTS			
1 9	11 9	Belladonna, Dry, B.P.	0 6	3 9	
..	..	Cascara, Dry, B.P.	..	..	
0 4	2 0	Cascara, Liquid, B.P.	0 2	0 9	6 5:100 ml.
0 10	5 10	Ergot, Liquid, B.P. 14	0 4	2 2	19 3:100 ml.
1 2	7 8	Hamamelis, Liquid, B.P.C.	0 4	2 8	
1 8	11 3	Hyoscyamus, Dry, B.P.	0 6	3 7	
0 6	3 5	Hyoscyamus, Liquid, B.P.	0 2	1 4	11 4:100 ml.
4 10	33 8	Ipecacuanha, Liquid, B.P.	1 7	12 6	111 1:100 ml.
0 3	1 7	Liquorice, Liquid, B.P.	0 1	0 7	4 10:100 ml.
2 8	18 6	Male Fern, B.P.	0 10	6 6	
1 6	10 6	Nux Vomica Dry, B.P.C.	0 5	3 4	
0 7	3 8	Nux Vomica, Liquid, B.P.	0 3	1 5	12 0:100 ml.
0 8	4 6	Stramonium, Liquid, B.P.	0 3	1 8	14 8:100 ml.

Recovery Price				Drug	Recovery Price				
Drachm		Ounce		Special		1G/Ml.	10 G/Ml.		Special
s.	d.	s.	d.			s. d.	s.	d.	
				FERRIC					
0	3	1	4	Ammonium Citrate, B.P.		0 1	0	5	3 7:100 G.
				FERROUS					
0	5	2	5	Carbonate, Saccharated, B.P.C. 59		0 2	0	10	7 1:100 G.
0	4	2	0	Gluconate, B.P.		0 2	0	9	6 0:100 G.
0	3	1	3	Sulphate, B.P.		0 1	0	5	3 9:100 G.
0	2	0	10	Sulphate, Dried, B.P.		0 1	0	3	2 3:100 G.
1	9	12	2	Fluorescein Sodium, B.P.		0 6	3	11	
0	9	4	10	Gamma Benzene Hexachloride, B.P.		0 3	1	7	
0	4	1	11	Gelatin, B.P.		0 1	0	8	5 9:100 G.
0	2	1	0	Glycanth, A.P.F. 55		0 1	0	4	3 0:100 G.
0	3	1	3	Glycerin, B.P.		0 1	0	6	3 9:100 ml.
				GLYCERINS					
0	3	1	4	Borax, B.P.C. 59		0 1	0	6	4 1:100 ml.
0	5	2	5	Boric Acid, B.P. 48		0 2	0	11	7 11:100 ml.
0	4	2	2	Ichthammol, B.P.C.		0 2	0	10	7 0:100 ml.
0	3	1	5	Glyco-Gelatin Base, A.P.F.		0 1	0	6	4 5:100 G.
				GUMS					
0	3	1	3	Acacia, B.P.		0 1	0	5	3 7:100 G.
0	5	2	11	Benzoin, B.P.C.		0 2	1	0	8 9:100 G.
0	11	6	6	Myrrh Powder, B.P.C.		0 4	2	1	
0	10	5	8	Tragacanth, B.P.		0 3	1	11	16 11:100 G.
136	10	..		3/3:gr. Homatropine Hydrobromide, B.P.		..	..		4 6:100 mg.
0	1	0	6	Honey, Purified, B.P.C. (by vol.)		0 1	0	2	1 5:100 ml.
0	1	0	4	Honey, Purified, B.P.C. (by weight)		0 1	0	2	1 0:100 G.

0 1	0 5		Hydrogen Peroxide, 20 Volume, B.P.	0 1	0 2	1	3:100 ml.
..	..	25/3:5 gr.	Hyoscine Hydrobromide, B.P. (a)	..	..		
0 4	2 0		Ichthammol, B.P.	0 1	0 8	5	10:100 G.
			INFUSIONS				
0 5	2 6		Buchu, Concentrated, B.P.C. 54, 1-7	0 2	0 11	8	0:100 ml.
0 4	2 2		Calumba, Concentrated, B.P. 48, 1-7	0 2	0 10	7	2:100 ml.
0 5	2 8		Clove, Concentrated, B.P.C. 54, 1-7	0 2	1 0	8	9:100 ml.
..	..		Gentian Compound, B.P.	..	..		
0 2	1 1		Gentian Compound, Concentrated, B.P. 1-7	0 1	0 5	3	4:100 ml.
0 3	1 8		Orange Peel, Concentrated, B.P.C., 1-7	0 1	0 7	5	1:100 ml.
0 4	1 10		Orange Peel Compound Concentrated, B.P.C. 54, 1-7	0 1	0 8	5	6:100 ml.
0 6	3 3		Senega, Concentrated, B.P.C., 1-7	0 2	1 2	9	11:100 ml.
0 5	2 8		Senna, Concentrated, B.P.C. 59, 1-7	0 2	0 11	8	1:100 ml.
1 1	7 6		Iodine, B.P.	0 4	2 5		
1 8	11 6		Iodoform, B.P.C. 54	0 6	3 8		
..	..		Isoprenaline Sulphate, B.P.	..	..		
0 1	0 6		Kaolin, Heavy, B.P.	0 1	0 2	1	3:100 G.
0 1	0 7		Kaolin, Light, B.P.	0 1	0 3	1	6:100 G.
0 1	0 6		Lactose, B.P.	0 1	0 2	1	3:100 G.
0 3	1 4		Lard, Benzoinated, B.P.C. 54	0 1	0 6	3	9:100 G.
			LINIMENTS				
0 2	1 1		Camphor, B.P.	0 1	0 5	3	4:100 ml.
0 5	2 7		Iodine Compound, A.P.F. 55	0 2	1 0	8	4:100 ml.
0 3	1 7		Methyl Salicylate, A.P.F.	0 1	0 7	4	9:100 ml.
0 4	2 1		Methyl Salicylate Compound, A.P.F. 55	0 2	0 9	6	5:100 ml.
0 3	1 3		Soap Methylated, B.P.C.	0 1	0 6	4	2:100 ml.
0 2	0 9		Turpentine, B.P.	0 1	0 4	2	4:100 ml.

APOTHECARY						METRIC		
Recovery Price				Drug	Recovery Price			
Drachm		Ounce		Special		1G/Ml.	10 G/Ml.	Special
s.	d.	s.	d.			s. d.	s. d.	
					LOTIONS			
0	1	0	7		Calamine, B.P.	0 1	0 3	1 8:100 ml.
0	2	0	10		Lead and Opium, B.P.C. 59	0 1	0 4	2 5:100 ml.
1	6	10	5		Magenta, B.P.C.	0 5	3 4	
					MAGNESIUM			
0	2	0	8		Carbonate, Heavy, B.P.	0 1	0 3	1 8:100 G.
0	2	0	8		Carbonate, Light, B.P.	0 1	0 3	1 10:100 G.
0	4	2	3		Oxide, Light, B.P.	0 2	0 9	6 4:100 G.
0	1	0	2		Sulphate, B.P.	0 1	0 1	0 4:100 G.
0	1	0	7		Sulphate, Dried, B.P.	0 1	0 3	1 7:100 G.
0	2	1	1		Trisilicate, B.P.	0 1	0 4	2 10:100 G.
2	1	14	1		Menthol, B.P.	0 7	4 6	
0	11	6	0		Methylcellulose, B.P.	0 3	1 11	
1	9	11	11		Methylene Blue, B.P.	0 6	3 10	
					METHYL			
2	0	13	7		Hydroxybenzoate, B.P.	0 7	4 4	
0	3	1	5		Salicylate, B.P.	0 1	0 6	4 2:100 ml.
					MIXTURES			
0	2	0	8		Aluminium Hydroxide, A.P.F.	0 1	0 3	2 0:100 ml.
0	1	0	7		Aluminium Hydroxide, A.P.F. 55	0 1	0 3	1 10:100 ml.
0	1	0	7		Magnesium Hydroxide, B.P.	0 1	0 3	1 9:100 ml.
0	3	1	7		Senna Compound, B.P.C. 59	0 1	0 7	4 10:100 ml.
27	7	..			Morphine Hydrochloride, B.P.	7 1	..	
36	1	..			Morphine Sulphate, B.P.	9 3	..	

				MUCILAGES							
0	2	1	0	Acacia, A.P.F. (by weight)	0	1	0	5	3	1:100	G.
0	2	0	8	Methylcellulose, A.P.F.	0	1	0	3	1	11:100	ml.
0	1	0	7	Tragacanth, B.P.	0	1	0	3	1	9:100	ml.
				OILS							
1	8	11	5	Almond Volatile Bitter, B.P.C. 59	0	6	4	0			
0	11	6	5	Anise, B.P.	0	4	2	3			
0	1	0	6	Arachis, B.P.	0	1	0	3	1	8:100	ml.
0	4	2	3	Cade, B.P.C.	0	2	0	11	7	6:100	ml.
2	0	13	11	Caraway, B.P.C. (may only be prescribed as an additive)	0	8	4	11			
0	2	0	9	Castor, B.P.	0	1	0	3	2	3:100	ml.
0	6	3	5	Citronella, B.P.C. (may only be prescribed as an additive)	0	2	1	3	11	1:100	ml.
0	10	5	9	Clove, B.P.	0	4	2	2	18	10:100	ml.
0	2	0	10	Coconut, B.P.C. 49	0	1	0	3	2	2:100	G.
0	1	0	7	Cod Liver, B.P.	0	1	0	3	1	7:100	ml.
9	6	..		Coriander, B.P.	2	8	..				
0	2	0	8	Cotton Seed, B.P.	0	1	0	3	2	1:100	ml.
0	3	1	6	Eucalyptus, B.P.	0	1	0	6	4	5:100	ml.
0	9	5	3	Lavender, Spike, B.P.C.	0	3	1	11			
0	1	0	7	Linseed, B.P.	0	1	0	3	1	8:100	ml.
0	2	0	10	Maize, B.P.	0	1	0	4	2	5:100	ml.
0	2	0	10	Olive, B.P.	0	1	0	4	2	5:100	ml.
1	6	10	6	Peppermint, B.P.	0	6	3	9			
1	4	9	0	Pumilio Pine, B.P.C.	0	5	3	2			
1	1	7	2	Rosemary, B.P.C.	0	4	2	6			
1	3	8	6	Siberian Fir, B.P.C. 49	0	5	3	0			
0	6	3	5	Theobroma, B.P.	0	2	1	1	9	5:100	G.
0	5	2	5	Turpentine, B.P.	0	2	0	11	7	10:100	ml.

Recovery Price			Drug	Recovery Price			
Drachm	Ounce	Special		1G/Ml.	10 G/Ml.	Special	
s. d.	s. d.			s. d.	s. d.		
			OINTMENTS				
0 5	2 11		Benzocaine and Adrenaline, A.P.F. 55	0 2	0 11	8	0:100 G.
0 3	1 7		Benzoic Acid Compound, A.P.F. 55	0 1	0 6	4	3:100 G.
0 3	1 9		Boroglycerin, A.P.F. 55	0 1	0 7	4	10:100 G.
0 6	3 2		Capsicum, B.P.C.	0 2	1 1	9	5:100 G.
0 3	1 9		Cod Liver Oil, A.P.F.	0 1	0 8	5	3:100 G.
0 4	2 3		Emulsifying, B.P.	0 2	0 10	6	9:100 G.
0 9	4 10		Gall and Opium, B.P.C.	0 3	1 8	14	5:100 G.
0 7	3 7		Hamamelis, B.P.C.	0 2	1 2	9	11:100 G.
0 3	1 4		Iodine, Non-staining, B.P.C.	0 1	0 6	4	2:100 G.
0 4	2 2		Iodine, Stainless, A.P.F.	0 2	0 9	6	5:100 G.
0 5	2 10		Menthol Compound, A.P.F. 55	0 2	0 11	8	0:100 G.
0 5	2 9		Methyl Salicylate, B.P.C.	0 2	0 11	7	6:100 G.
0 3	1 4		Paraffin, White, B.P.	0 1	0 6	3	9:100 G.
0 2	1 2		Paraffin, Yellow, B.P.	0 1	0 5	3	5:100 G.
0 4	2 0		Phenol, B.P. 48	0 1	0 8	5	7:100 G.
0 4	2 2		Salicylic Acid, B.P.	0 2	0 9	6	5:100 G.
0 3	1 5		Simple, White, B.P.	0 1	0 6	3	11:100 G.
0 3	1 5		Simple, Yellow, B.P.	0 1	0 6	3	11:100 G.
0 4	1 10		Sulphur, B.P.	0 1	0 7	5	1:100 G.
0 5	2 8		Tar, B.P.C. 59	0 2	0 11	8	0:100 G.
0 3	1 9		Wool Alcohols, B.P.	0 1	0 7	5	3:100 G.
0 3	1 7		Zinc, B.P.	0 1	0 6	4	3:100 G.
0 3	1 6		Zinc and Castor Oil, B.P.	0 1	0 7	4	6:100 G.

				OPHTHALMIC					
				Phosphate Buffer, A.P.F., 55					
0	4	2	2	Cetrimide	0	2	0 10	7	2:100 ml.
0	4	2	2	Chlorbutol	0	2	0 10	7	2:100 ml.
0	4	2	2	Paraben	0	2	0 10	7	2:100 ml.
				Vehicle, A.P.F. 55					
0	4	2	2	Cetrimide	0	2	0 10	7	2:100 ml.
0	4	2	2	Chlorbutol	0	2	0 10	7	2:100 ml.
0	4	2	2	Paraben	0	2	0 10	7	2:100 ml.
0	4	2	2	Vehicle, Oily, A.P.F. 55	0	2	0 10	7	2:100 ml.
0	4	2	2	Vehicle, Thickened, A.P.F. 55	0	2	0 10	7	2:100 ml.
0	3	1	3	Oxymel, B.P.C.	0	1	0 6	3	10:100 ml.
0	2	0	9	Oxymel of Squill, B.P.C.	0	1	0 4	2	4:100 ml.
				PAINT					
0	5	2	5	Magenta, A.P.F.	0	2	0 11	8	0:100 ml.
11	6	..		Papaverine Hydrochloride, B.P.	3	0	..		
1	6	10	3	Paracetamol, B.P.	0	6	3 8		
0	1	0	6	Paraffin, Hard, B.P.	0	1	0 2	1	4:100 G.
0	1	0	4	Paraffin, Liquid, B.P.	0	1	0 2	0	11:100 ml.
0	1	0	6	Paraffin, Liquid, Light, B.P.C.	0	1	0 2	1	5:100 ml.
0	1	0	7	Paraffin, Soft, White, B.P.	0	1	0 3	1	7:100 G.
0	1	0	6	Paraffin, Soft, Yellow, B.P.	0	1	0 2	1	4:100 G.
0	4	2	0	Paraldehyde, B.P.	0	2	0 9	6	5:100 ml.
				PASTES					
0	3	1	4	Zinc Compound, B.P.	0	1	0 6	3	9:100 G.
0	3	1	4	Zinc and Salicylic Acid, B.P.	0	1	0 5	3	7:100 G.
1	3	8	4	Pectin (Apple or Citrus)	0	4	2 8		
..		..		Penicillin, Oily Injection	..		..		
4	6	..		Pentobarbitone Sodium, B.P.	1	6	11 6		

APOTHECARY					METRIC		
Recovery Price				Drug	Recovery Price		
Drachm	Ounce		Special		1G/Ml.	10 G/Ml.	Special
s. d.	s. d.				s. d.	s. d.	
0 4	2 1			Phenacetin, B.P.	0 2	0 9	6 3:100 G.
0 7	3 11			Phenazone, B.P.C.	0 2	1 4	11 7:100 G.
1 3	8 4			Phenobarbitone, B.P.	0 4	2 8	
1 3	8 4			Phenobarbitone Sodium, B.P.	0 4	2 8	
0 2	1 1			Phenol, B.P.	0 1	0 5	3 3:100 G.
0 3	1 3			Phenol, Liquefied, B.P.	0 1	0 6	3 9:100 ml.
1 3	8 5			Phenolphthalein, B.P.	0 5	2 9	
25 0	..			Phenylephrine Hydrochloride, B.P.	7 0	..	
16 9	..			Phenylmercuric Nitrate, B.P.	4 4	..	
42 7	..			Pholcodine, B.P.	13 8	109 1	
1 11	13 1			Phthalylsulphathiazole, B.P.	0 7	4 2	
..	..		22/10:gr.	Physostigmine, B.P.C. (b)	..	..	
..	..		17/1 :gr.	Physostigmine Salicylate, B.P. (b)	..	..	
137 3	..		3/3 :gr.	Pilocarpine Nitrate, B.P.	..	..	4 6:100 mg.
2 10	19 10			Podophyllum Resin, B.P.	0 10	6 4	
				POTASSIUM			
0 2	0 10			Bromide, B.P.	0 1	0 3	2 2:100 G.
0 3	1 6			Chlorate, B.P.C.	0 1	0 6	4 1:100 G.
0 2	1 1			Chloride, B.P.	0 1	0 5	3 0:100 G.
0 2	0 11			Citrate, B.P.	0 1	0 4	2 6:100 G.
0 5	2 5			Hydroxide, B.P.	0 2	0 9	6 7:100 G.
0 5	2 7			Iodide, B.P.	0 2	0 11	7 9:100 G.
0 2	0 8			Nitrate, B.P.	0 1	0 3	1 11:100 G.
0 2	1 0			Permanganate, B.P.	0 1	0 4	2 8:100 G.

		POWDERS				
2 1	14 2	Hydroxybenzoate Compound, A.P.F.	0 8	4 11	43	6:100 G.
1 2	8 0	Ipecacuanha and Opium, B.P.	0 4	2 7		
0 3	1 7	Tragacanth Compound, B.P.	0 1	0 6	4	4:100 G.
1 11	12 11	Procaine Hydrochloride, B.P.	0 7	4 2		
10 11	..	Proflavine Hemisulphate, B.P.	3 1	24 6		
0 5	2 6	Propylene Glycol, B.P.	0 2	0 11	8	1:100 ml.
1 11	13 0	Propyl Hydroxybenzoate, B.P.	0 7	4 7		
..	..	Pyroxylin, B.P.	..	..		
5 4	37 0	Quinalbarbitone Sodium, B.P.	1 8	13 0		
6 1	42 7	Quinidine Sulphate, B.P.	1 9	13 7		
		QUININE				
3 2	22 0	Bisulphate, B.P.	0 11	7 0		
..	..	Dihydrochloride, B.P.	..	..		
3 5	23 10	Hydrochloride, B.P.	1 0	7 7		
2 10	19 8	Sulphate, B.P.	0 10	6 3		
1 2	7 10	Resorcinol, B.P.	0 4	2 6		
0 7	3 11	Rhubarb, B.P.	0 2	1 4	11	8:100 G.
		ROOTS				
0 3	1 5	Liquorice, B.P.	0 1	0 6	3	9:100 G.
1 10	12 5	Saccharin Sodium, B.P.	0 6	4 0		
14 2	..	Santonin, B.P.	4 7	36 2		
..	..	Scarlet Fever, Antitoxin, B.P.	..	..		
4 3	29 9	Silver Nitrate, B.P.	1 3	9 6		
..	..	Silver Protein, B.P.C.	..	..		
3 10	26 8	Silver Protein, Mild, B.P.C.	1 1	8 6		

APOTHECARY					METRIC		
Recovery Price				Drug	Recovery Price		
Drachm	Ounce		Special		1G/Ml.	10 G/Ml.	Special
s. d.	s. d.				s. d.	s. d.	
				SOAPS			
0 3	1 4			Alcoholic, A.P.F.	0 1	0 6	4 0:100 ml.
0 1	0 6			Curd, B.P.C.	0 1	0 2	1 5:100 G.
0 2	1 2			Ethereal, A.P.F. 55	0 1	0 5	3 7:100 ml.
0 2	1 0			Soft, B.P.	0 1	0 4	2 9:100 G.
				SODIUM			
0 2	1 2			Acid Citrate, B.P.	0 1	0 5	3 2:100 G.
0 5	2 10			Acid Phosphate, B.P.	0 2	1 0	8 4:100 G.
1 0	7 0			Aminosalicylate, B.P.	0 4	2 6	
0 4	1 10			Benzoate, B.P.	0 1	0 8	5 5:100 G.
0 1	0 3			Bicarbonate, B.P.	0 1	0 1	0 6:100 G.
0 2	0 10			Bromide, B.P.	0 1	0 3	2 2:100 G.
0 2	1 2			Carbonate, Anhydrous, B.P.C.	0 1	0 5	3 2:100 G.
0 1	0 6			Chloride, B.P.	0 1	0 2	1 5:100 G.
0 2	0 11			Citrate, B.P.	0 1	0 4	2 6:100 G.
0 5	2 8			Hydroxide, B.P.	0 2	0 10	7 4:100 G.
1 2	7 8			Iodide, B.P.	0 4	2 5	
0 3	1 8			Metabisulphite, B.P.	0 1	0 7	5 0:100 G.
0 10	5 9			Nitrite, B.P.C.	0 3	1 10	
0 3	1 4			Phosphate, B.P.	0 1	0 5	3 7:100 G.
0 3	1 3			Salicylate, B.P.	0 1	0 5	3 5:100 G.
0 1	0 2			Sulphate, B.P.	0 1	0 1	0 5:100 G.
				SOLUTIONS			
0 9	5 3			Adrenaline, B.P.	0 3	1 11	
0 9	4 10			Adrenaline Hydrochloride, B.P. 53	0 3	1 9	
0 3	1 5			Aluminium Acetate, B.P.C.	0 1	0 7	4 8:100 ml.

			SOLUTIONS - continued				
0	3	1 4	Amaranth, A.P.F.	0	1	0 6	4 3:100 ml.
0	1	0 7	Amaranth, Compound, A.P.F.	0	1	0 3	1 8:100 ml.
0	2	0 9	Amaranth, B.P.C.	0	1	0 3	2 2:100 ml.
0	1	0 7	Ammonia, Strong, B.P.C.	0	1	0 3	1 10:100 ml.
0	3	1 3	Ammonium Acetate, Strong, B.P.C.	0	1	0 6	3 11:100 ml.
0	2	0 10	Benedict's Qualitative, A.P.F.	0	1	0 4	2 6:100 ml.
..		..	Benzalkonium Chloride 50%, B.P.	..		..	
0	5	2 5	Benzoic Acid, A.P.F.	0	2	0 10	7 4:100 ml.
0	4	2 0	Benzoic Acid, B.P.C.	0	2	0 9	6 2:100 ml.
0	1	0 2	Calcium Hydroxide, B.P.	0	1	0 1	0 5:100 ml.
0	11	5 11	Carmine, A.P.F.	0	4	2 3	19 7:100 ml.
			(may only be prescribed as an additive)				
1	1	7 5	Chlorhexidine Gluconate, B.P.	0	4	2 7	22 9:100 ml.
0	4	2 3	Coal Tar, B.P.	0	2	0 10	7 3:100 ml.
0	4	1 11	Ferrous Phosphate with Quinine and Strychnine No. 1	0	2	0 9	6 4:100 ml.
0	7	3 10	Ferrous Phosphate with Quinine and Strychnine No. 2	0	3	1 5	12 7:100 ml.
0	1	0 7	Formaldehyde, B.P.	0	1	0 3	1 9:100 ml.
0	4	1 11	Iodine Aqueous, B.P.	0	2	0 9	6 3:100 ml.
0	5	2 5	Iodine, Simple, B.P.C. 59	0	2	0 10	7 3:100 ml.
0	3	1 6	Iodine, Weak, B.P.	0	1	0 7	4 6:100 ml.
0	1	0 7	Lead Subacetate, Dilute, B.P.	0	1	0 3	1 7:100 ml.
0	3	1 8	Lead Subacetate, Strong, B.P.	0	1	0 8	5 5:100 ml.
0	5	2 11	Morphine Hydrochloride, B.P.	0	2	1 1	9 0:100 ml.
0	5	2 10	Nasal, Concentrated, A.P.F. 55	0	2	1 1	9 2:100 ml.
0	2	1 0	Potassium Hydroxide, B.P.	0	1	0 5	3 2:100 ml.
0	3	1 8	Quinine, Ammoniated, B.P.C.	0	1	0 8	5 4:100 ml.
0	1	0 6	Sodium Chloride, B.P.C.	0	1	0 3	1 7:100 ml.
0	1	0 7	Tartrazine, A.P.F.	0	1	0 3	1 7:100 ml.

Recovery Price				Drug	Recovery Price				
Drachm		Ounce		Special		1G/Ml.		10 G/Ml.	Special
s.	d.	s.	d.		s.	d.	s.	d.	
				SPIRITS					
0	3	1	6	Ammonia, Aromatic, B.P.C.	0	1	0	7	4 7:100 ml.
0	4	2	0	Anise, B.P.C. 49	0	2	0	9	6 1:100 ml.
0	4	2	0	Cajuput, B.P. 48	0	2	0	9	6 1:100 ml.
0	3	1	9	Camphor, B.P.C. 59	0	1	0	8	5 4:100 ml.
0	3	1	5	Chloroform, B.P.	0	1	0	6	4 2:100 ml.
0	6	3	5	Cinnamon, B.P.C. 49	0	2	1	2	10 5:100 ml.
0	5	2	11	Ether, Nitrous, B.P.C. 59	0	2	1	1	9 7:100 ml.
0	1	0	3	Methylated, Industrial, B.P.	0	1	0	2	0 9:100 ml.
0	5	2	7	Peppermint, B.P.C.	0	2	0	11	8 0:100 ml.
0	1	0	5	Starch, B.P.	0	1	0	2	1 2:100 G.
2	10	19	7	Storax, Prepared, B.P.C.	0	10	6	3	
..		..		Streptomycin Sulphate, B.P. (b)	5	0	..		
				(may only be prescribed in Ear Drops)					
1	2	8	1	Succinylsulphathiazole, B.P.	0	5	2	9	24 1:100 G.
0	1	0	5	Sucrose, B.P.	0	1	0	2	1 0:100 G.
1	9	11	11	Sulphacetamide Sodium, B.P.	0	6	3	10	
2	4	16	3	Sulphadiazine, B.P.	0	8	5	2	
2	4	16	3	Sulphadimidine, B.P.	0	8	5	2	
0	2	0	9	Sulphur, Precipitated, B.P.	0	1	0	3	2 0:100 G.
0	1	0	5	Sulphur, Sublimed, B.P.C.	0	1	0	2	1 0:100 G.
0	5	2	8	Sulphurated Potash, B.P.C.	0	2	0	11	7 10:100 G.
				SYRUPS					
0	2	1	0	Aromatic, A.P.F.	0	1	0	5	3 1:100 ml.
0	2	1	2	Chloral, B.P.C.	0	1	0	5	3 5:100 ml.
0	3	1	4	Codeine Phosphate, B.P.C.	0	1	0	6	4 1:100 ml.
0	2	0	9	Ferrous Phosphate Compound B.P.C.	0	1	0	3	2 2:100 ml.

				SYRUPS - continued							
0	3	1	7	Ferrous Phosphate with Quinine and Strychnine, B.P.C.	0	1	0	7	4	9:100	ml.
0	2	1	0	Ginger, B.P.	0	1	0	5	3	0:100	ml.
0	2	1	1	Glucose, Liquid, B.P.C.	0	1	0	5	3	2:100	ml.
0	2	0	9	Glycerophosphate Compound, A.P.F.	0	1	0	3	2	2:100	ml.
0	2	0	10	Golden, Acidified, A.P.F. 55	0	1	0	4	2	6:100	ml.
0	2	1	0	Lemon, A.P.F.	0	1	0	4	3	0:100	ml.
0	2	1	0	Lemon, B.P. 58	0	1	0	4	3	0:100	ml.
0	2	1	0	Lemon, Neutral, A.P.F.	0	1	0	4	2	11:100	ml.
0	2	0	9	Orange, B.P.	0	1	0	4	2	4:100	ml.
0	3	1	8	Pholcodine Citrate, B.P.C. 59	0	1	0	7	5	1:100	ml.
0	2	0	10	Raspberry, B.P.C.	0	1	0	4	2	7:100	ml.
0	2	1	1	Red, A.P.F.	0	1	0	5	3	3:100	ml.
0	1	0	5	Simple, B.P.	0	1	0	2	1	3:100	ml.
0	2	0	10	Squill, B.P.C.	0	1	0	4	2	5:100	ml.
0	2	1	0	Tolu, B.P.	0	1	0	5	3	0:100	ml.
0	1	0	4	Talc, Purified, B.P.	0	1	0	2	0	10:100	G.
0	2	0	9	Tar, B.P. (by weight)	0	1	0	3	2	0:100	G.
0	1	0	7	Tar, Coal, B.P.C.	0	1	0	3	1	8:100	G.
0	2	1	0	Tar, Coal, Prepared, B.P.	0	1	0	4	2	9:100	G.
1	6	10	6	Tartrazine, B.P.C. 54	0	6	3	9			
1	7	11	0	Theophylline, B.P.	0	6	3	6			
..		..		Theophylline Hydrate, B.P.	..		..				
1	5	9	5	Thymol, B.P.	0	5	3	0			
0	3	1	3	Thymol, Mouth Wash, Compound, A.P.F.	0	1	0	6	3	9:100	ml.
				TINCTURES							
0	3	1	7	Belladonna, B.P.	0	1	0	7	4	9:100	ml.
0	5	2	5	Benzoin, B.P.C.	0	2	0	11	7	10:100	ml.
0	5	2	7	Benzoin Compound, B.P.C.	0	2	0	11	8	0:100	ml.

APOTHECARY					METRIC		
Recovery Price			Drug	Recovery Price			
Drachm	Ounce	Special		1G/Ml.	10 G/Ml.	Special	
s. d.	s. d.			s. d.	s. d.		
			TINCTURES - continued				
..	..		Calumba, B.P. 48	..	..		
0 5	2 5		Capsicum, B.P.C.	0 2	0 11	7	10:100 ml.
0 3	1 5		Cardamom Compound, B.P.	0 1	0 7	4	8:100 ml.
0 5	2 10		Cardamom, Aromatic, B.P.C.	0 2	1 1	9	4:100 ml.
0 4	2 0		Catechu B.P.C.	0 2	0 9	6	0:100 ml.
0 4	1 11		Cochineal, B.P. 48	0 1	0 8	5	11:100 ml.
0 4	2 1		Colchicum, B.P.	0 2	0 9	6	8:100 ml.
0 7	3 10		Cudbear, A.P.F. 47	0 3	1 5	12	7:100 ml.
0 5	2 8		Digitalis, B.P.C. 59	0 2	1 0	8	9:100 ml.
0 4	2 0		Gelsemium, B.P.C.	0 2	0 9	6	5:100 ml.
0 5	2 8		Gentian Compound, B.P.	0 2	1 0	8	9:100 ml.
0 6	3 0		Ginger, Strong, B.P.	0 2	1 2	9	11:100 ml.
0 4	1 10		Ginger, Weak, B.P.	0 1	0 8	5	8:100 ml.
0 3	1 7		Hyoscyamus, B.P.	0 1	0 7	5	1:100 ml.
0 7	4 0		Ipecacuanha, B.P.	0 3	1 6	13	2:100 ml.
0 4	1 11		Lemon, B.P. 58	0 2	0 9	6	4:100 ml.
0 6	3 0		Lobelia, Ethereal, B.P.C.	0 2	1 2	9	11:100 ml.
0 5	2 11		Myrrh, B.P.C.	0 2	1 1	9	7:100 ml.
0 4	1 10		Nux Vomica, B.P.	0 1	0 8	5	10:100 ml.
0 8	4 7		Opium, B.P.	0 3	1 8	14	1:100 ml.
0 3	1 4		Opium, Camphorated, B.P.	0 1	0 6	4	0:100 ml.
0 4	1 10		Orange, B.P.	0 2	0 9	6	0:100 ml.
0 5	2 8		Quillaia, B.P.C.	0 2	1 0	8	8:100 ml.
0 4	2 0		Rhubarb Compound, B.P.	0 2	0 9	6	5:100 ml.
0 3	1 6		Squill, B.P.C.	0 1	0 7	4	6:100 ml.
0 3	1 7		Stramonium, B.P.	0 1	0 7	5	0:100 ml.
1 3	8 7		Strophanthus, B.P., 48	0 5	3 3	28	4:100 ml.

..	..	TINCTURES - continued	..	..			
		Tolu, B.P.C. 59					
0 5	2 9	Valerian, Ammoniated, B.P.C.	0 2	1 1	9	1:100 ml.	
0 2	1 0	Titanium Dioxide, B.P.C.	0 1	0 4	2	9:100 G.	
0 3	1 6	Triethanolamine, B.P.C.	0 1	0 7	4	6:100 ml.	
1 5	10 0	Trinitrophenol, B.P.C. 59	0 5	3 2			
3 3	22 5	Urethane, B.P.	0 11	7 2			
3 7	25 1	Vanillin, B.P.C.	1 0	8 0			
0 2	0 11	Vinegar of Squill, B.P.C.	0 1	0 4	2	8:100 ml.	
		WATERS					
0 4	1 10	Anise, Concentrated, B.P.C., 1-39	0 1	0 8	5	11:100 ml.	
0 4	1 10	Camphor, Concentrated, B.P.C. 49, 1-39	0 1	0 8	5	11:100 ml.	
0 1	0 7	Chlorbutol, A.P.F. 55	0 1	0 3	1	8:100 ml.	
..	..	Chloroform, B.P.	..	..			
0 3	1 6	Chloroform, Concentrated, B.P.C. 59, 1-39	0 1	0 7	4	6:100 ml.	
0 4	2 2	Cinnamon, Concentrated, B.P.C., 1-39	0 2	0 10	7	1:100 ml.	
0 3	1 5	Peppermint, Concentrated, B.P., 1-39	0 1	0 6	4	4:100 ml.	
..	..	Potable	..	..			
0 1	0 1	Purified or Distilled, B.P.	0 1	0 1	0	4:100 ml.	
0 6	3 5	Wool Alcohols, B.P.	0 2	1 2			
0 2	1 2	Wool Fat, B.P.	0 1	0 5	3	1:100 G.	
0 2	1 2	Wool Fat, Hydrous, B.P.	0 1	0 5	3	1:100 G.	
0 1	0 6	Xylene of commerce	0 1	0 2	1	6:100 ml.	
		(may only be prescribed as an additive)					
		ZINC					
0 4	1 11	Gelatin, B.P.	0 1	0 8	5	9:100 G.	
0 1	0 7	Oxide, B.P.	0 1	0 3	1	6:100 G.	
0 3	1 3	Sulphate, B.P.	0 1	0 5	3	4:100 G.	

TABLE OF CODES, MAXIMUM METRIC QUANTITIES AND NUMBER OF REPEATS FOR EXTEMPORANEOUS PREPARATIONS

Code	Preparation	Maximum Qty. or No. of Units	Number of Repeats	Code	Preparation	Maximum Qty. or No. of Units	Number of Repeats
10	Applications	200 ml.	1	34	Other Linctuses	100 ml.	4
11	Capsules	12	1	38	Liniments	100 ml.	1
12	Collodions	15 ml.	2	39	Lotions	200 ml.	4
35	Confections	100 G.	2	58	Magmas	100 ml. or	
13	Creams	100 G.	1			100 G.	1
14	Draughts	200 ml.	4	40	Mixtures	200 ml.	4
15	Ear Drops	15 ml.	2	41	Mixtures for Children	100 ml.	4
16	Elixirs	100 ml.	4	30	Mouth Washes	200 ml.	4
17	Emulsions	400 ml.	4	60	Mucilages	100 ml.	..
18	Enemas	100 ml.	1	42	Nasal Instillations	15 ml.	2
19	Extracts, Fluid	100 ml.	1	43	Ointments, Waxes	100 G.	1
20	Eye Drops of Physostigmine	15 ml.	6	44	Paints	25 ml.	1
21	Eye Drops of Pilocarpine	15 ml.	6	57	Parogens	100 ml.	2
22	Other Eye Drops	15 ml.	2	45	Pastes	100 G.	1
23	Eye Lotions	200 ml.	4	46	Pessaries	12	1
24	Eye Ointments	5 G.	..	47	Poultices	500 G.	1
25	Gargles	200 ml.	4	48	Powders, Dusting	100 G.	1
26	Gelatins	100 G.	1	49	Powders for internal use	100 G.	2
27	Glycanths	100 G.	1	50	Powders, Individual	12	1
28	Glycerins	100 ml.	1	61	Powders, Irrigation	100 G.	1
29	Inhalations	50 ml.	1	51	Soaps	100 ml.	1
32	Irrigations	200 ml.	4	52	Solutions	100 ml.	1
33	Insufflations	25 G.	1	59	Spirits	25 ml.	..
31	Injections - Ampoules	5 amps.	1	53	Sprays	15 ml.	2
	Vials	1 vial	1	54	Suppositories	12	1
34	Linctuses of Codeine and Morphine	100 ml.	2	55	Syrups	100 ml.	4
34	Linctuses of Codeine and Morphine (for children)	100 ml.	4	56	Tinctures	25 ml.	1
				62	Unna's Paste	200 G.	..

TABLE OF CODES, MAXIMUM QUANTITIES AND NUMBER OF REPEATS FOR EXTEMPORANEOUS PREPARATIONS

Code	Preparation	Maximum Qty. or No. of Units	Number of Repeats	Code	Preparation	Maximum Qty. or No. of Units	Number of Repeats
10	Applications	8 fl. oz.	1	34	Other Linctuses	4 fl. oz.	4
11	Capsules	12	1	38	Liniments	4 fl. oz.	1
12	Collodions	240 min.	2	39	Lotions	8 fl. oz.	4
35	Confections	4 oz.	2	58	Magmas	4 fl. oz. or 4 oz.	1
13	Creams	4 oz.	1				
14	Draughts	8 fl. oz.	4	40	Mixtures	8 fl. oz.	4
15	Ear Drops	1/2 fl. oz.	2	41	Mixtures for Children	4 fl. oz.	4
16	Elixirs	4 fl. oz.	4	30	Mouth Washes	8 fl. oz.	4
17	Emulsions	16 fl. oz.	4	60	Mucilages	4 fl. oz.	..
18	Enemas	4 fl. oz.	1	42	Nasal Instillations	1/2 fl. oz.	2
19	Extracts, Fluid	4 fl. oz.	1	43	Ointments, Waxes	4 oz.	1
20	Eye Drops of Physostigmine	240 min.	6	44	Paints	1 fl. oz.	1
21	Eye Drops of Pilocarpine	240 min.	6	57	Parogens	4 fl. oz.	2
22	Other Eye Drops	240 min.	2	45	Pastes	4 oz.	1
23	Eye Lotions	8 fl. oz.	4	46	Pessaries	12	1
24	Eye Ointments	60 gr.	..	47	Poultices	1 lb.	1
25	Gargles	8 fl. oz.	4	48	Powders, Dusting	4 oz.	1
26	Gelatins	4 oz.	1	49	Powders for internal use	4 oz.	2
27	Glycanths	4 oz.	1	50	Powders, Individual	12	1
28	Glycerins	4 fl. oz.	1	61	Powders, Irrigation	4 oz.	1
29	Inhalations	2 fl. oz.	1	51	Soaps	4 fl. oz.	1
32	Irrigations	8 fl. oz.	4	52	Solutions	4 fl. oz.	1
33	Insufflations	1 oz.	1	59	Spirits	1 fl. oz.	..
31	Injections - Ampoules	5 amps.	1	53	Sprays	1/2 fl. oz.	2
	Vials	1 vial.	1	54	Suppositories	12	1
34	Linctuses of Codeine and Morphine	4 fl. oz.	2	55	Syrups	4 fl. oz.	4
				56	Tinctures	1 fl. oz.	1
34	Linctuses of Codeine and Morphine (for children)	4 fl. oz.	4	62	Unna's Paste	8 oz.	..

PRESCRIPTION

APPLICATIONS

(Maximum Quantity 200 ml. and 1 Repeat)

7668 BENZYL BENZOATE with DICOPHANE

Benzyl Benzoate	50 G.
Dicophane	4 G.
Emulsifying Wax	4 G.
Purified Water to	200 ml.

7669 DICOPHANE

Dicophane	4 G.
Emulsifying Wax	8 G.
Xylene of commerce	30 ml.
Citronella Oil	1 ml.
Purified Water to	200 ml.

7671 GAMMA BENZENE HEXACHLORIDE

Gamma Benzene Hexachloride	200 mg.
Emulsifying Wax	8 G.
Xylene of commerce	30 ml.
Spike Lavender Oil	2 ml.
Purified Water to	200 ml.

CREAMS

(Maximum Quantity 100 G. and 1 Repeat)

7655 ALUMINIUM ACETATE, OILY

Aluminium Acetate Solution	5 ml.
Zinc Oxide	20 G.
Wool Fat	25 G.
Arachis Oil	25 ml.
Purified Water	27 ml.

PRESCRIPTION

7492 AQUEOUS

Emulsifying Wax	10 G.
Hard Paraffin	6 G.
Liquid Paraffin	27 G.
Compound Hydroxybenzoate Powder, A.P.F.	100 mg.
Purified Water to	100 G.

7491 BUFFERED, AQUEOUS

Sodium Phosphate	2.5 G.
Citric Acid	500 mg.
Compound Hydroxybenzoate Powder, A.P.F.	100 mg.
Emulsifying Ointment	30 G.
Purified Water to	100 G.

7658 CALAMINE, AQUEOUS

Calamine	4 G.
Zinc Oxide	3 G.
Emulsifying Wax	6 G.
Arachis Oil	40 ml.
Purified Water to	100 G.

7659 CALAMINE, OILY

Calamine	32 G.
Oleic Acid	0.5 ml.
Arachis Oil	21.5 ml.
Wool Fat	17.5 G.
Calcium Hydroxide Solution	30.5 ml.

CREAMS—*contd.*

7661 CETOMACROGOL, AQUEOUS

Cetomacrogol Emulsifying Wax	15 G.
Liquid Paraffin	15 G.
White Soft Paraffin	10 G.
Glycerin	10 ml.
Chlorocresol	100 mg.
Purified Water to	100 G.

7660 CETRIMIDE, AQUEOUS

Cetrimide	500 mg.
Cetostearyl Alcohol	5 G.
Liquid Paraffin	50 G.
Purified Water to	100 G.

7490 CHLORHEXIDINE, AQUEOUS

Chlorhexidine Gluconate Solution	5 ml.
Cetomacrogol 'Emulsifying Wax	25 G.
Liquid Paraffin	10 G.
Purified Water to	100 G.

7662 COAL TAR and ZINC

Coal Tar, B.P.C.	1 G.
Castor Oil	1 G.
Zinc Cream	98 G.

7663 COLD

White Beeswax	20 G.
Liquid Paraffin	60 G.
Borax	1 G.
Purified Water	19 G.

PRESCRIPTION

7664 GLYCERIN, OILY

Glycerin	20 G.
Calcium Hydroxide Solution	32 ml.
Arachis Oil	22 G.
Wool Fat	26 G.

7665 ICHTHAMMOL and ZINC, OILY

Ichthammol	5 G.
Cetostearyl Alcohol	3 G.
Wool Fat	10 G.
Oily Zinc Cream	82 G.

9556 OILY

Wool Alcohols Ointment	50 G.
Purified Water	50 G.

7489 SALICYLIC ACID and RESORCINOL, AQUEOUS

Salicylic Acid	2 G.
Resorcinol	2 G.
Aqueous Cream, A.P.F. to	100 G.

7488 SALICYLIC ACID and SULPHUR, AQUEOUS

Salicylic Acid	2 G.
Precipitated Sulphur	2 G.
Spike Lavender Oil	0.5 ml.
Aqueous Cream, A.P.F. to	100 G.

PRESCRIPTION

CREAMS—*contd.*

7667 ZINC, OILY

Zinc Oxide	32 G.
Oleic Acid	0.5 ml.
Arachis Oil	21.5 ml.
Wool Fat	17.5 G.
Calcium Hydroxide Solution	30.5 ml.

7654 ZINC, WEAK

Zinc Oxide	5 G.
Oleic Acid	0.5 ml.
Arachis Oil	38.5 ml.
Wool Fat	25 G.
Calcium Hydroxide Solution	34.5 ml.

DUSTING POWDERS

(Maximum Quantity 100 G. and 1 Repeat)

7552 BORIC TALC

Boric Acid	5 G.
Starch	10 G.
Purified Talc	85 G.

9841 DICOPHANE

Dicophane	10 G.
Calcium Carbonate	10 G.
Light Kaolin	80 G.

PRESCRIPTION

9847 KAOLIN COMPOUND

Light Kaolin	25 G.
Zinc Oxide	25 G.
Purified Talc	50 G.

7553 SALICYLIC ACID, COMPOUND

Salicylic Acid	3 G.
Boric Acid	5 G.
Purified Talc	92 G.

7554 ZINC, COMPOUND

Boric Acid	5 G.
Zinc Oxide	25 G.
Purified Talc	35 G.
Starch	35 G.

EAR DROPS

(Maximum Quantity 15 ml. and 2 Repeats)

7642 ALUMINIUM ACETATE

Aluminium Acetate Solution	9 ml.
Purified Water to	15 ml.

7643 BORIC ACID

Boric Acid	300 mg.
Industrial Methylated Spirit	3 ml.
Purified Water to	15 ml.

EAR DROPS—*contd.*

7487 CHLORHEXIDINE

Chlorhexidine Diacetate	7.5 mg.
Purified Water to	15 ml.

7644 HYDROGEN PEROXIDE

Hydrogen Peroxide Solution	3.75 ml.
Purified Water to	15 ml.

7645 ICHTHAMMOL

Ichthammol	10 G.
Glycerin	90 G.

7648 PHENYLMERCURIC NITRATE

Phenylmercuric Nitrate	15 mg.
Propylene Glycol to	15 ml.

8185 SALICYLIC ACID

Salicylic Acid	300 mg.
Industrial Methylated Spirit	7.5 ml.
Purified Water to	15 ml.

8194 SODIUM BICARBONATE

Sodium Bicarbonate	600 mg.
Glycerin	11.25 ml.
Purified Water to	15 ml.

7649 SPIRIT

Industrial Methylated Spirit	7.5 ml.
Purified Water to	15 ml.

PRESCRIPTION

ELIXIRS

(Maximum Quantity 100 ml. and 4 Repeats)

7493 EPHEDRINE

Ephedrine Hydrochloride	20 mg.
Aromatic Syrup, A.P.F.	2 ml.
Concentrated Chloroform Water	0.1 ml.
Water to	5 ml.

7640 PHENOBARBITONE

Phenobarbitone	15 mg.
Alcohol (90 per cent)	2 ml.
Glycerin	1.5 ml.
Aromatic Syrup, A.P.F. to	5 ml.

EMULSION

(Maximum Quantity 400 ml. and 4 Repeats)

7486 LIQUID PARAFFIN

Liquid Paraffin	200 ml.
Acacia	50 G.
Saccharin Sodium	20 mg.
Benzoic Acid Solution, A.P.F.	10 ml.
Vanillin	200 mg.
Chloroform	1 ml.
Purified Water to	400 ml.

(May be prescribed for pensioners only)

PRESCRIPTION

INHALATIONS

(Maximum Quantity 50 ml. and 1 Repeat)

7485 BENZOIN

Benzoin	5 G.
Prepared Storax	3.5 G.
Industrial Methylated Spirit to	50 ml.

7484 MENTHOL and BENZOIN

Menthol	1 G.
Benzoin Inhalation, A.P.F. to	50 ml.

7494 MENTHOL and EUCALYPTUS

Menthol	1 G.
Eucalyptus Oil	6.25 ml.
Light Magnesium Carbonate	3.5 G.
Water to	50 ml.

7483 MENTHOL and PINE

Menthol	1 G.
Creosote	1 ml.
Pumilio Pine Oil	2.5 ml.
Industrial Methylated Spirit to	50 ml.

PRESCRIPTION

LINCTUSES

(Except where shown, Maximum Quantity 100 ml. and 4 Repeats)

7495 CODEINE

(Maximum Quantity 100 ml. and 2 Repeats)

Codeine Phosphate	25 mg.
Water	1 ml.
Glycerin	1 ml.
Oxymel of Squill	2 ml.
Syrup to	5 ml.

7482 PHOLCODINE

Pholcodine	5 mg.
Citric Acid	50 mg.
Chloroform Spirit	0.3 ml.
Compound Amaranth Solution, A.P.F.	0.1 ml.
Glycerin	1 ml.
Syrup to	5 ml.

7635 SIMPLE

Citric Acid	200 mg.
Chloroform Spirit	0.3 ml.
Amaranth Solution, A.P.F.	0.1 ml.
Concentrated Anise Water	0.1 ml.
Syrup to	5 ml.

LINIMENTS

(Maximum Quantity 100 ml. and 1 Repeat)

7884 CAMPHOR

Camphor	20 G.
Arachis Oil	80 G.

7481 METHYL SALICYLATE

Methyl Salicylate	25 ml.
Arachis Oil to	100 ml.

7480 METHYL SALICYLATE, COMPOUND

Menthol	4 G.
Eucalyptus Oil	10 ml.
Methyl Salicylate	25 ml.
Arachis Oil to	100 ml.

7479 SOAP

Camphor	4 G.
Oleic Acid	4 G.
Potassium Hydroxide Solution, (5 per cent)	14 ml.
Industrial Methylated Spirit	70 ml.
Rosemary Oil	1.5 ml.
Purified Water to	100 ml.

PRESCRIPTION

LOTIONS

(Maximum Quantity 200 ml. and 4 Repeats)

7629 CALAMINE

Calamine	30 G.
Zinc Oxide	10 G.
Bentonite	6 G.
Sodium Citrate	1 G.
Liquefied Phenol	1 ml.
Glycerin	10 ml.
Purified Water to	200 ml.

7630 CALAMINE OILY

Calamine	10 G.
Wool Fat	2 G.
Arachis Oil	100 ml.
Oleic Acid	1 ml.
Calcium Hydroxide Solution to	200 ml.

8793 RESORCINOL COMPOUND

Resorcinol	5 G.
Solvent Ether	5 ml.
Castor Oil	5 ml.
Spike Lavender Oil	0.2 ml.
Industrial Methylated Spirit to	200 ml.

PRESCRIPTION

LOTIONS—*contd.*

7633 SULPHURATED

Zinc Sulphate	10 G.
Sulphurated Potash	10 G.
Acetone	10 ml.
Glycerin	10 ml.
Spike Lavender Oil	0.4 ml.
Purified Water to	200 ml.

8825 ZINC SULPHATE

Zinc Sulphate	2 G.
Amaranth Solution, A.P.F.	2 ml.
Purified Water to	200 ml.

MIXTURES

(Maximum Quantity 200 ml. and 4 Repeats)

7496 ACETYLSALICYLIC ACID

Acetylsalicylic Acid	500 mg.
Compound Tragacanth Powder	200 mg.
Orange Syrup	1 ml.
Concentrated Chloroform Water	0.25 ml.
Water to	10 ml.

PRESCRIPTION

Additional drugs may be required to be prescribed with this mixture, and the following doses are considered suitable for addition to each 10 millilitre dose.

Amylobarbitone	25 mg.
Codeine Phosphate	20 mg.
Morphine Hydrochloride	10 mg.
Morphine Hydrochloride Solution	1 ml.
Paracetamol	500 mg.
Phenobarbitone	20 mg.

7497 ACETYLSALICYLIC ACID and PHENACETIN

Acetylsalicylic Acid	500 mg.
Phenacetin	250 mg.
Caffeine	50 mg.
Compound Tragacanth Powder	200 mg.
Orange Syrup	1 ml.
Water to	10 ml.

7498 CHALK and KAOLIN

Chalk	1.5 G.
Light Kaolin	2.5 G.
Light Magnesium Carbonate	200 mg.
Concentrated Chloroform Water	0.25 ml.
Water to	10 ml.

MIXTURES—*contd.*

7499 CHLORAL

Chloral Hydrate	1 G.
Orange Syrup	1 ml.
Concentrated Chloroform Water	0.25 ml.
Water to	10 ml.

7500 FERROUS SULPHATE

Ferrous Sulphate	300 mg.
Dextrose Monohydrate	1 G.
Orange Syrup	1 ml.
Citric Acid	50 mg.
Concentrated Chloroform Water	0.25 ml.
Water to	10 ml.

7501 GENTIAN ACID

Concentrated Compound Gentian Infusion	1.25 ml.
Dilute Hydrochloric Acid	0.5 ml.
Concentrated Chloroform Water	0.25 ml.
Water to	10 ml.

7502 GENTIAN ALKALINE

Concentrated Compound Gentian Infusion	1.25 ml.
Sodium Bicarbonate	500 mg.
Concentrated Chloroform Water	0.25 ml.
Water to	10 ml.

PRESCRIPTION

7503 KAOLIN and OPIUM

Light Kaolin	2.5 G.
Light Magnesium Carbonate	200 mg.
Opium Tincture	0.5 ml.
Concentrated Chloroform Water	0.25 ml.
Water to	10 ml.

7504 MAGNESIUM TRISILICATE

Magnesium Trisilicate	1 G.
Calcium Carbonate	500 mg.
Light Magnesium Carbonate	500 mg.
Concentrated Peppermint Water	0.25 ml.
Water to	10 ml.

7505 POTASSIUM CHLORIDE

Potassium Chloride	1 G.
Lemon Syrup, A.P.F.	2 ml.
Concentrated Chloroform Water	0.25 ml.
Water to	10 ml.

7506 POTASSIUM CITRATE

Potassium Citrate	2 G.
Citric Acid	400 mg.
Lemon Syrup, A.P.F.	1 ml.
Concentrated Chloroform Water	0.25 ml.
Water to	10 ml.

PRESCRIPTION

MIXTURES—*contd.*

7507 POTASSIUM CITRATE AND SODIUM BICARBONATE

Potassium Citrate	1 G.
Sodium Bicarbonate	750 mg.
Orange Syrup	1 ml.
Concentrated Chloroform Water	0.25 ml.
Water to	10 ml.

7508 POTASSIUM IODIDE AND STRAMONIUM, COMPOUND

Potassium Iodide	250 mg.
Stramonium Tincture	0.5 ml.
Lobelia Ethereal Tincture	0.5 ml.
Aromatic Ammonia Spirit	0.5 ml.
Liquorice Liquid Extract	0.5 ml.
Concentrated Chloroform Water	0.25 ml.
Water to	10 ml.

7509 SODIUM CITRATE

Sodium Citrate	2 G.
Citric Acid	400 mg.
Lemon Syrup, A.P.F.	1 ml.
Concentrated Chloroform Water	0.25 ml.
Water to	10 ml.

7510 SODIUM SALICYLATE

Sodium Salicylate	1 G.
Liquorice Liquid Extract	0.25 ml.
Concentrated Chloroform Water	0.25 ml.
Water to	10 ml.

PRESCRIPTION

NASAL INSTILLATIONS

(Maximum Quantity 15 ml. and 2 Repeats)

7576 DEXTROSE and GLYCERIN

Dextrose Monohydrate	3 G.
Glycerin to	15 ml.

7574 EPHEDRINE

Ephedrine Hydrochloride	150 mg.
Chlorbutol	75 mg.
Sodium Chloride	75 mg.
Propylene Glycol	0.75 ml.
Purified Water to	15 ml.

OINTMENTS

(Maximum Quantity 100 G. and 1 Repeat)

9497 BENZOIC ACID, COMPOUND

Benzoic Acid	6 G.
Salicylic Acid	3 G.
Emulsifying Ointment	91 G.

7918 EMULSIFYING

Emulsifying Wax	30 G.
White Soft Paraffin	50 G.
Liquid Paraffin	20 G.

PRESCRIPTION

OINTMENTS—*contd.*

7570 HAMAMELIS, COMPOUND

Hamamelis Liquid Extract	10 ml.
Phenol	2 G.
Zinc Oxide	10 G.
Wool Fat	50 G.
Yellow Soft Paraffin to	100 G.

9592 RESORCINOL and SULPHUR, COMPOUND

Resorcinol	2 G.
Precipitated Sulphur	3 G.
Salicylic Acid	1 G.
White Simple Ointment	94 G.

7926 SALICYLIC ACID

Salicylic Acid	2 G.
Wool Alcohols Ointment	98 G.

7927 SIMPLE

Wool Fat	5 G.
Hard Paraffin	5 G.
Cetostearyl Alcohol	5 G.
White Soft Paraffin	85 G.

7929 SULPHUR

Sublimed Sulphur	10 G.
White Simple Ointment	90 G.

PRESCRIPTION

7899 ZINC and CASTOR OIL

Zinc Oxide	7.5 G.
Castor Oil	50 G.
Cetostearyl Alcohol	2 G.
White Beeswax	10 G.
Arachis Oil	30.5 G.

7527 ZINC OXIDE

Zinc Oxide	15 G.
White Simple Ointment	85 G.

PAINTS

(Maximum Quantity 25 ml. and 1 Repeat)

7562 ICHTHAMMOL

Ichthammol	10 G.
Glycerin	90 G.

7565 MAGENTA

Magenta	100 mg.
Resorcinol	2 G.
Phenol	1 G.
Boric Acid	200 mg.
Industrial Methylated Spirit	2 ml.
Acetone	1 ml.
Purified Water to	25 ml.

PRESCRIPTION

PAINTS—*contd.*

7566 PODOPHYLLIN

Podophyllum Resin	1.25 G.
Compound Benzoin Tincture to	25 ml.

7567 PODOPHYLLIN, STRONG

Podophyllum Resin	3.75 G.
Compound Benzoin Tincture to	25 ml.

7568 SALICYLIC ACID

Salicylic Acid	2.5 G.
Flexible Collodion to	25 ml.

PASTES

(Maximum Quantity 100 G. and 1 Repeat)

7555 COAL TAR

Coal Tar, B.P.C.	1 G.
Castor Oil	1 G.
Compound Zinc Paste	98 G.

7556 DITHRANOL and ZINC

Dithranol	100 mg.
Compound Zinc Paste	99.9 G.

7557 DITHRANOL and ZINC, STRONG

Dithranol	1 G.
Compound Zinc Paste	99 G.

PRESCRIPTION

7478 TITANIUM DIOXIDE

Titanium Dioxide	20 G.
Zinc Oxide	10 G.
Calamine	10 G.
Light Kaolin	10 G.
Bentonite	1 G.
Compound Hydroxybenzoate Powder, A.P.F.	100 mg.
Glycerin	20 G.
Purified Water to	100 G.

7558 ZINC, COMPOUND

Zinc Oxide	25 G.
Starch	25 G.
White Soft Paraffin	50 G.

7559 ZINC and SALICYLIC ACID

Salicylic Acid	2 G.
Liquid Paraffin	2 G.
Compound Zinc Paste	96 G.

POWDERS

(Maximum Quantity 100 G. and 2 Repeats)

7477 ALUMINIUM and MAGNESIUM TRISILICATE

Dried Aluminium Hydroxide Gel	10 G.
Magnesium Trisilicate	50 G.
Light Kaolin	40 G.

PRESCRIPTION

POWDERS—*contd.*

7549 MAGNESIUM and CALCIUM CARBONATE

Calcium Carbonate	25 G.
Heavy Magnesium Carbonate	25 G.
Magnesium Trisilicate	50 G.
Peppermint Oil	0.2 ml.

7548 MAGNESIUM TRISILICATE and BELLADONNA

Belladonna Dry Extract	800 mg.
Magnesium Trisilicate	99.2 G.

PRESCRIPTION

SPRAY

(Maximum Quantity 15 ml. and 2 Repeats)

7476 ADRENALINE and ATROPINE

Adrenaline Acid Tartrate	135 mg.
Atropine Methonitrate	15 mg.
Sodium Chloride	90 mg.
Chlorbutol	75 mg.
Sodium Metabisulphite	15 mg.
Propylene Glycol	0.75 ml.
Purified Water, freshly boiled and cooled to	15 ml.

PRESCRIPTION

LINCTUS

(Maximum Quantity 100 ml. and 4 Repeats)

7475 PHOLCODINE

Pholcodine	2.5 mg.
Citric Acid	25 mg.
Chloroform Spirit	0.15 ml.
Compound Amaranth Solution, A.P.F.	0.05 ml.
Glycerin	0.5 ml.
Syrup to	5 ml.

MIXTURES

(Maximum Quantity 100 ml. and 4 Repeats)

7511 ACETYLSALICYLIC ACID

Acetylsalicylic Acid	150 mg.
Compound Tragacanth Powder	100 mg.
Raspberry Syrup	1 ml.
Water to	5 ml.

PRESCRIPTION

7577 ALUMINIUM HYDROXIDE with KAOLIN

Light Kaolin	1 G.
Aluminium Hydroxide Mixture to	5 ml.

7512 ATROPINE METHONITRATE

Atropine Methonitrate	0.5 mg.
Lemon Syrup, A.P.F.	0.5 ml.
Concentrated Chloroform Water	0.1 ml.
Water to	5 ml.

7513 BELLADONNA

Belladonna Tincture	0.1 ml.
Orange Syrup	1 ml.
Glycerin	1 ml.
Benzoic Acid Solution, A.P.F.	0.1 ml.
Water to	5 ml.

MIXTURES—*contd.*

7514 CALCIUM and KAOLIN

Calcium Carbonate	500 mg.
Light Kaolin	1 G.
Light Magnesium Carbonate	100 mg.
Chloroform Spirit	0.1 ml.
Concentrated Cinnamon Water	0.1 ml.
Water to	5 ml.

7515 CHLORAL

Chloral Hydrate	250 mg.
Orange Syrup	1 ml.
Concentrated Chloroform Water	0.1 ml.
Water to	5 ml.

7516 FERROUS GLUCONATE

Ferrous Gluconate	200 mg.
Dextrose Monohydrate	500 mg.
Orange Syrup	1 ml.
Citric Acid	25 mg.
Concentrated Chloroform Water	0.1 ml.
Water to	5 ml.

7517 FERROUS SULPHATE

Ferrous Sulphate	100 mg.
Dextrose Monohydrate	500 mg.
Orange Syrup	1 ml.
Citric Acid	25 mg.
Concentrated Chloroform Water	0.1 ml.
Water to	5 ml.

7518 IPECACUANHA and SQUILL

Ipecacuanha Tincture	0.1 ml.
Camphorated Opium Tincture	0.3 ml.
Oxymel of Squill	1 ml.
Water to	5 ml.

7519 MAGNESIUM SULPHATE

Magnesium Sulphate	1 G.
Light Magnesium Carbonate	200 mg.
Concentrated Peppermint Water	0.1 ml.
Water to	5 ml.

7520 PHTHALYLSULPHATHIAZOLE

Phthalylsulphathiazole	500 mg.
Light Kaolin	300 mg.
Compound Tragacanth Powder	50 mg.
Raspberry Syrup	1 ml.
Benzoic Acid Solution, A.P.F.	0.1 ml.
Concentrated Chloroform Water	0.1 ml.
Water to	5 ml.

7521 POTASSIUM CITRATE

Potassium Citrate	1 G.
Citric Acid	200 mg.
Lemon Syrup, A.P.F.	1 ml.
Concentrated Chloroform Water	0.1 ml.
Water to	5 ml.

PRESCRIPTION

MIXTURES—*contd.*

7522 POTASSIUM IODIDE

Potassium Iodide	100 mg.
Liquorice Liquid Extract	0.25 ml.
Aromatic Ammonia Spirit	0.1 ml.
Concentrated Chloroform Water	0.1 ml.
Water to	5 ml.

7523 POTASSIUM IODIDE and EPHEDRINE

Potassium Iodide	100 mg.
Ephedrine Hydrochloride	10 mg.
Stramonium Tincture	0.2 ml.
Aromatic Ammonia Spirit	0.1 ml.
Liquorice Liquid Extract	0.2 ml.
Concentrated Chloroform Water	0.1 ml.
Water to	5 ml.

PRESCRIPTION

7524 SODIUM AMINOSALICYLATE

Sodium Aminosalicylate	1 G.
Liquorice Liquid Extract	0.25 ml.
Orange Syrup	1 ml.
Concentrated Chloroform Water	0.1 ml.
Water to	5 ml.

7525 SODIUM CITRATE

Sodium Citrate	1 G.
Citric Acid	200 mg.
Lemon Syrup, A.P.F.	1 ml.
Concentrated Chloroform Water	0.1 ml.
Water to	5 ml.